

0487023

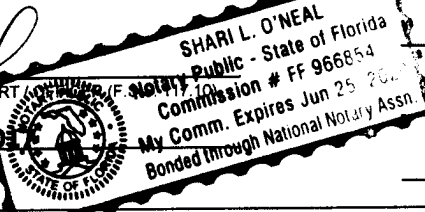

3516

ARREST / NOTICE TO APPEAR

A D M I N I S T R A T I O N	OBT Number		Agency ORI Number <b>0501700</b>		Agency Name <b>Jupiter Police Department</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE							
	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		If Weapon Seized Enter Type <b>NONE</b>		Multiple Clearance Indicator <b>01</b>															
	Location of Arrest (Including Name of Business) <b>1260 W INDIANTOWN RD, JUPITER FL</b>						Location of Offense (Business Name, Address) <b>1299 W INDIANTOWN RD/N DELAWARE BLVD, JUPITER, FL</b>													
	Date of Arrest <b>04/12/2017</b>		Time of Arrest <b>23:18</b>		Booking Date <b>04/12/2017</b>		Booking Time <b>23:28</b>		Jail Date		Jail Time		Location of Vehicle							
D E F E N D A N T	Name (Last, First, Middle) <b>BROOKS, VIVIAN LYNN</b>														Alias: <b>Alias (Name, DOB, Soc. Sec. #, Etc.)</b>					
	Race W - White B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/03/1957</b>		Height <b>5'04</b>		Weight <b>135</b>		Eye Color <b>BLUE</b>		Hair Color <b>BLONDE /</b>		Complexion <b>LIGHT</b>		Build <b>Medium</b>			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)														Marital Status <b>M</b>		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>	
	Local Address (Street, Apt. Number) <b>235 SANTA LUCIA DR, WEST PALM BCH, FL 33405</b>						(City) <b>(State)</b>		(Zip)		Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>							
	Permanent Address (Street, Apt. Number) <b>235 SANTA LUCIA DR, WEST PALM BCH, FL 33405</b>						(City) <b>(State)</b>		(Zip)		Phone		Address Source <b>DL</b>							
	Business Address (Name, Street) <b>(City)</b>						(State)		(Zip)		Phone		Occupation							
	D/L Number, State <b>B620872577830 / FL</b>				Soc. Sec. Number <b>(REDACTED)</b>				INS Number				Place of Birth (City, State) <b>MIAMI, FL</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					
	J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ <input type="checkbox"/> Legal Custodian														Residence Phone				
Address (Street, Apt. Number) <b>(City)</b>														(State)		(Zip)		Business Phone		
Notified by: (Name)						Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 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				
<input type="checkbox"/> Yes, by: _____ <input type="checkbox"/> No: _____														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 - DRIVING WHILE UNDER INFLUENCE</b>														Statute Violation Number <b>316.193(1)</b>		Violation of ORD #				
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond						
		<b>N</b>		<b>/</b>		<b>17-001793</b>		<b>1</b>												
C H A R G E	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		Bond					
C H A R G E	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		Bond					
I N T A K E	Health / Apparent Physical Condition of Defendant														Any knowledge of the following: Explain: <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 <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health														PROPERTY - Received By		Released By		Released To	
	Transported By														Date Transported <b>// : :</b>		Time Transported		Other	
N O T I C E T O A P P E A R	<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>North County PALM BEACH GARD</b>		Court Date and Time <b>05/17/2017 00:00:00</b>		No Photo Available	
	I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.																			
	Signature of Defendant (or Juvenile and Parent/Custodian) <b>(Signature)</b>														Date Signed <b>4/13/17</b>					
	HOLD for Other Agency														Signature of Arresting Officer <b>(Signature)</b>		Name Verification (Printed by Arrestee) <b>(PRINT)</b>		PAGE <b>1 OF 1</b>	
A D M I N	<input type="checkbox"/> Dangerous <input checked="" type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>BORROWS, ANDREW</b>		I.D. # <b>1138</b>		Transporting Officer <b>PFC BORROWS</b>		I.D. # <b>380</b>		Agency <b>JPD</b>		Witness here if subject signed with an "X".					
	Intake Date <b>(Signature)</b>		Pouch #																	

SCANNED

APR 14 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE	
ADMINISTRATIVE	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 17-001793</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:				
DEFENSE	Name (Last, First, Middle) <b>BROOKS, VIVIAN LYNN</b>					Race <b>W</b>		Sex <b>F</b>		Date of Birth <b>08/03/1957</b>
	Alias									
CHARGES	Charge Description <b>DUI 316.193(1)</b>					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		
PROBABLE CAUSE	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"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input type="checkbox"/> confessed to _____ admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. On the <b>12</b> day of <b>April</b> , <b>2017</b> at <b>23:00</b> (Specifically include facts constituting cause for arrest.)									
	On the above date at approximately 2300 hours, I responded to the area of 1261 West Indiantown Road in the Town of Jupiter, Palm Beach County, Florida, in reference to conducting a DUI investigation.									
	Upon my arrival, I made contact with MPO Salvemini, who advised me of the following: he made a traffic stop of a 2013 Nissan bearing Florida License Plate 986YDK after it made a u-turn on a solid red arrow. The vehicle's driver, Vivian Brooks, had bloodshot glassy eyes, slurred speech, and the odor of an unknown alcoholic beverage on her breath.									
	Upon my arrival, Brooks was still in her vehicle. I walked up to the vehicle and asked Brooks to exit and walk to the front of my vehicle. I asked Brooks how much she'd had to drink and Brooks replied "two wines". I clarified that meant two glasses of wine. I noted that Brooks had slurred speech, an odor of an unknown alcoholic beverage on her breath, blood shot, glassy eyes, and ptosis. I advised Brooks that I was conducting a DUI investigation. Brooks at first refused to participate in roadsides. I advised Brooks of Taylor Warnings and explained the purpose of the roadsides. Brooks agreed to participate.									
	I first conducted Horizontal Gaze Nystagmus. Please note I am a certified Drug Recognition Expert (IACP 26842). I observed all six standardized clues of horizontal gaze nystagmus: Lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation, and onset of HGN prior to 45 degrees. Brooks was swaying during the task. Brooks became impatient during the exercise.									
	I asked Brooks about her medical conditions. Brooks advised that she has COPD, asthma, and scoliosis. When I asked Brooks about his Scoliosis, she advised that it causes her spine to be curved but does not otherwise affect her. I then asked Brooks to perform									
	SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div>  </div> <div>             SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <b>BORROWS, ANDREW (1138)</b>            NAME OF OFFICER (PLEASE PRINT)         </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>           DATE  <b>04/13/2017</b> </div> <div>           DATE  <b>04/13/2017</b> </div> </div>									
	<div style="display: flex; justify-content: flex-end;"> <div style="border: 1px solid black; padding: 2px;">             PAGE 1 OF 3           </div> </div>									

COURT

STATE ATTORNEY

CENTRAL RECORDS

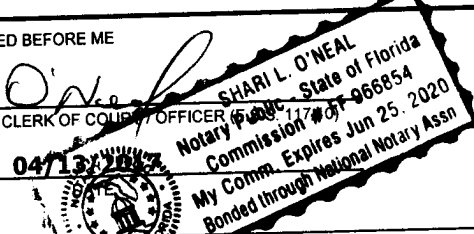
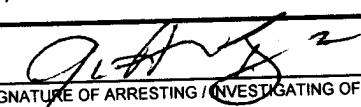
JAIL

CRIME ANALYSIS

P. I. O.

SCANNED

APR 14 2017

OBT Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0501700</b>	Agency Name <b>JUPITER POLICE DEPARTMENT</b>	Agency Report Number <b>5   4   17-001793</b>				
Charge Type: <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>BROOKS, VIVIAN LYNN</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/03/1957</b>	
<p>the walk and turn task. Brooks started the task early and appeared to be practicing. Brooks had general difficulty following my instructions. Brooks lost her balance from the starting position three times. Upon completion of my instructions, Brooks advised that her scoliosis prevents her from keeping her balance. I terminated the task. I asked Brooks if she could stand on one foot, and she advised that her scoliosis would prevent her from doing that as well. I then decided to complete the seated roadside battery due to Brooks' claimed health problems.</p> <p>I located a nearby bench and relocated my patrol vehicle. I then started the seated battery of SFSTs. I started with the seated finger to nose task. Brooks performance is documented as follows:</p> <p>L1: Brooks used the pad of her finger to touch the tip of her nose. R2: Brooks used the pad of her finger to touch the tip of her nose. L3: Brooks used the pad of her finger to touch the tip of her nose. R4: Brooks used the pad of her finger and missed the tip of her nose. R5: Brooks at first used the wrong hand before correcting herself and then used the pad of her finger to touch the tip of her nose. L6: Brooks used the pad of her finger and missed the tip of her nose.</p> <p>I then had Brooks complete the Palm Pat exercise. Brooks did not speed up and I had to remind her to do so. Brooks then ceased to count properly, just saying "one two" without any relation to what she was doing with her hands. I also noted that Brooks rolled her hands more than once after speeding up.</p> <p>I then had Brooks complete the Hand Coordination Exercise. Brooks attempted to start early more than one time. Brooks counted four steps but only took three. Brooks clapped three times but then placed her hands on her lap. Brooks then started to count with "one" but corrected herself and counted back to eight while stepping back. Brooks then repeated the task several more times, doing it differently each time before I stopped her.</p> <p>At that time, I determined that I had probable cause to arrest Brooks for DUI. I secured her in handcuffs, which I checked for spacing and double locked. I then secured Brooks in the rear of my patrol vehicle. Brooks became very upset and stated she was having problems breathing. I asked Brooks if she needed medical attention and she advised that she did. I transported Brooks to the Jupiter Medical Center for medical clearance. After medical clearance, I transported Brooks to the Palm Beach County Breath Alcohol Testing Facility.</p> <p>At approximately 0122 hours (nearly three hours after my initial contact with Brooks), I requested a breath sample from Brooks. Brooks asked what the consequences were for refusing. I read Brooks Implied Consent from a prepared text. Brooks advised that she understood and agreed to provide a sample. Brooks provided two breath samples of .041 and .040. I requested a sample of urine. At first, Brooks refused. I explained that</p>							
SWORN AND SUBSCRIBED BEFORE ME  <b>SHARI L. O'NEAL</b> NOTARY PUBLIC / CLERK OF COURT / OFFICER				 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <b>BORROWS, ANDREW (1138)</b> NAME OF OFFICER (PLEASE PRINT)			
<b>04/13/2017</b> DATE				<b>04/13/2017</b> DATE			
PAGE 2 OF 3							

COURT

STATE ATTORNEY

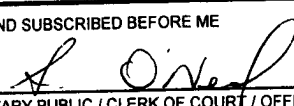
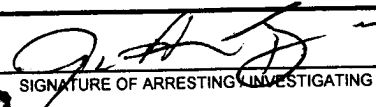
CENTRAL RECORDS

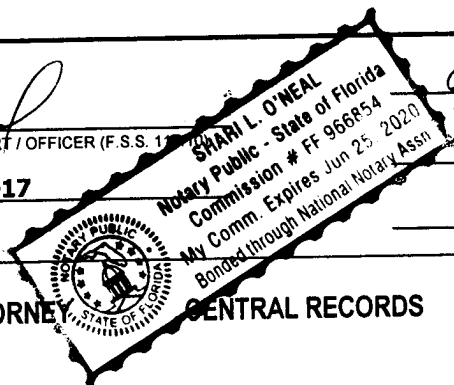
JAIL

CRIME ANALYSIS  
SCANNED

P.I.O.

APR 14 2017

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE
ADMINISTRATIVE	Agency ORI Number <b>FL 0501700</b>		Agency Name <b>JUPITER POLICE DEPARTMENT</b>		Agency Report Number <b>5 4 17-001793</b>		
	Charge Type: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many as apply: <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:				
DEFENSE	Name (Last, First, Middle) <b>BROOKS, VIVIAN LYNN</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>08/03/1957</b>
	<p>Implied Consent still applied. Brooks agreed to provide a sample of urine. I then read Implied Consent from a prepared text. I then read Brooks her Miranda Rights from a prepared text. She advised that she wished to have a lawyer present before answering any questions. Brooks later provided a urine sample (0135 hours).</p> <p>I then completed my paperwork and booked Brooks into the Palm Beach County Jail, where I charged her with DUI per FSS 316.193(1).</p> <p>I kept possession of Brooks' urine sample until I returned to the Jupiter Police Department where I placed it into evidence for future analysis.</p>						
NOT A CERTIFIED COPY							
ADMINISTRATIVE	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 1)				SIGNATURE OF ARRESTING / INVESTIGATING OFFICER 		
	04/13/2017 DATE				BORROWS, ANDREW (1138) NAME OF OFFICER (PLEASE PRINT) 04/13/2017 DATE		



COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

SCANNED

APR 14 2017

PAGE  
3 OF 3

# TESTING FACILITY TASK REPORT

AGENCY: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_ VIDEO TAPE NUMBER: \_\_\_\_\_

BEGINNING TIME: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

BREATH TESTS RESULTS: 1) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.  
3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: \_\_\_\_\_

MAINTENANCE TECHNICIAN: \_\_\_\_\_

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

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

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

SCANNED

APR 14 2017

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SUBJECT: VIVIAN Brooks CASE NUMBER: 17-001793

## 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) Read on Camera

## CONSTITUTIONAL WARNINGS

**I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:**

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) Read on Camera

SCANNED

APR 14 2017

SUBJECT: Vivian Brooks CASE NUMBER: 17-001793

## 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: RFC A. Barrows 380 / 1138

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED

APR 14 2017