

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

ARMS#

12886



1 - AFFIDAVITS

**000001**

**AFFIDAVIT**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Before me, William R. Bowman, an employee of the Department of Health and Human Services, Food and Drug Administration, designated by the Secretary, under authority of the Act of January 31, 1925, 43 Statutes at Large 803; Reorganization Plan No. IV, Secs. 12-15, effective June 30, 1940; Reorganization Plan No. 1 of 1953, Secs. 1-9, effective April 11, 1953; and P.L. 96-88, Sec. 509, 93 Statutes at Large 965 (20 U.S.C. 3508), effective May 4, 1980; to administer or take oaths, affirmations, and affidavits, personally appeared \_\_\_\_\_ in the county and State aforesaid, who, being duly sworn, deposes and says:

I, \_\_\_\_\_ reside at \_\_\_\_\_ I am currently a Senior at \_\_\_\_\_ and am 18 years old.

On 4/29/98 I was visited by U.S.F.D.A. Investigator William R. Bowman and furnished him the following information.

On August 14, 1997 I took 4 capsules of Ripped Fuel before eating breakfast. When I was at school \_\_\_\_\_ I took one more capsule at 11 AM. I started feeling hot and cold, shaky, feeling like I would black out, and started gasping for breath. I went to see nurse \_\_\_\_\_ who covered me with blankets. Paramedics came and administered oxygen. I did not go to a hospital. \_\_\_\_\_

I visited my family physician, Dr. \_\_\_\_\_ who gave me a shot. I do not know what I was injected with.

I obtained the 30 capsule bottle of Ripped Fuel manufactured by Twin Laboratories, Inc., Ronkonkoma, NY from \_\_\_\_\_ I had consumed about 30 capsules from this bottle before this incident occurred. I had consumed a full bottle of Ripped fuel the month before. I do not have any of the capsules left and I stopped taking the product.

I affirm the above is true to the best of my knowledge.

AFFIANT'S SIGNATURE \_\_\_\_\_  
NAME AND ADDRESS (include ZIP Code) \_\_\_\_\_

Subscribed and sworn to before me at \_\_\_\_\_ (City and State)  
this 29<sup>th</sup> day of April, 1998.  
William R. Bowman  
(Employee's Signature)

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Employee of the Department of Health and Human services designated under Act of January 31, 1925, Reorganization Plan IV effective June 30, 1940; Reorganization Plan No. 1 of 1953, effective April 11, 1953; and P.L. 96-88 effective May 4, 1980.