

20 OCT 18 23

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 502600		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number (N.T.A.'s only) 78-20000628	
Charge Type: Check as many as apply.		<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type 2 1. Yes 2. No	
<input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	Multiple Clearance Indicator		
Location of Arrest (Including Name of Business) 2500 PGA BLVD, PBG, FL			Location of Offense (Business Name, Address) 2400 PGA BLVD, PBG, FL			
Date of Arrest 01/29/2020	Time of Arrest 02:28	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405

Name (Last, First, Middle) DE YOUNG, BENJAMIN, BRYCE				Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W M	Date of Birth 04/29/1986	Height 6'1	Weight 180	Eye Color BRO	Hair Color BRO
Complexion LIGHT		Build MEDIUM		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A		

Local Address (Street, Apt. Number) 2555 PGA BLVD #360	(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone (561) 727-9412	Marital Status SINGLE	Religion CHRISTIAN	Indication of Alcohol Influence Y N Unk. <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Permanent Address (Street, Apt. Number) 2555 PGA BLVD #360	(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone ()	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1	Address Source VERBAL	
Business Address (Name, Street) ()	(City) ()	(State) ()	(Zip) ()	Phone ()	Occupation STUDENT		
DL Number, State D520062861490 FL	Soc. Sec. Number [REDACTED]	INS Number	Place of Birth (City, State) NEWTON, NJ	Citizenship US			

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
Parent Legal Custodian Other: Name (Last) (First) (Middle)	Residence Phone ()			Business Phone ()	
Address (Street, Apt. Number) (City) (State) (Zip)			Notified by: (Name) (Date) (Time)		

Released To: (Name)	Relationship	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated
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 S. Sell B. Buy P. Possess	S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Product/ 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 DRIVING UNDER THE INFLUENCE OVER .08	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)	Violation of ORD #		Warrant / Capias Number	Bond			
Charge Description DUI ENHANCED OVER .15	Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)	Violation of ORD #		Warrant / Capias Number	Bond			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		Warrant / Capias Number	Bond			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	Violation of ORD #		Warrant / Capias Number	Bond			

Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700	
Court Date and Time Month MARCH Day 4 Year 2020 Time 10:00	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) <i>[Signature]</i>	Date Signed 01/29/2020

HOLD for other Agency Name:	Signature of Arresting Officer <i>[Signature]</i>	Name Verification (Printed for Arresting Officer) ANDREW FLINK
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:	Name of Arresting Officer (Print) OFC. ANDREW FLINK
Intake Deputy <i>[Signature]</i>	Pouch # 8187	ID # 514
Transporting Officer ANDREW FLINK		Agency PBGPD
Witness here if subject signed with an "X"		PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

0514361 / 248

SCANNED
JAN 29 2020
CIRCUIT & COUNTY COURTS
CRIMINAL DIV.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29TH DAY OF JANUARY 20 20, AT 0219 AM PM

SUBJECT: DE YOUNG, BENJAMIN, BRYCE CASE NUMBER: 20000628

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

While on a foot patrol at 2490 PGA Blvd, PBG, FL, Ofc Yacinthe 460 and this Officer heard what appeared to be a vehicle breaking traction on PGA Blvd. Several seconds later, we observed a red Hyundai Elantra swerving between lanes and twice breaking traction approximately 200 feet east of the intersection of PGA Blvd and Prosperity Farms Rd. The vehicle briefly came to a full stop well in-excess of 100 feet from the stop bar. The vehicle then slowly approached the intersection and stopped for a red light. Ofc Yacinthe entered the lane behind the vehicle, this Officer entered behind Ofc Yacinthe. Once Ofc Yacinthe activated his overhead lights, the vehicle continued slowly traveling West bound on PGA Blvd. Ofc Yacinthe then activated his audible siren as the vehicle continued West bound. The vehicle then pulled into the entrance of The Meadows community and stopped. I made contact with the driver, later identified via Florida Driver License photo, Benjamin De Young, while he was still in the driver seat of the vehicle, in full actual physical control.

OBSERVATION OF DRIVER:

De Young appeared disoriented and lethargic. De Young had slow reactions to questions and commands, he also had bloodshot watery eyes, flushed red face, slow slurred speech, and the obvious odor of an unknown alcoholic beverage emanating from his breath. The odor was detectable at conversational distance and increased in intensity as De Young spoke with this Officer.

DRIVER'S STATEMENTS:

De Young said he was coming from around the block and consumed two or three beers.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slow slurred

ATTITUDE: Compliant

CLOTHING: Blue shirt, grey pants, dark grey sneakers.

MEDICAL/OTHER: None stated

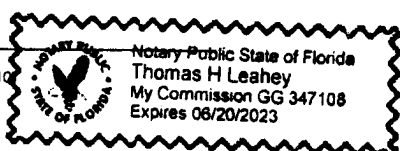
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of January 2020 by Ofc. ANDREW FLINK

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

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



SCANNED
IAN 30 2020

SUBJECT: DE YOUNG, BENJAMIN, BRYCE CASE NUMBER 20000628

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:

Vertical Gaze Nystagmus observed in both eyes. Swayed back and forth while balancing.

WALK & TURN:

During the instructions, De Young had his arms raised from his sides. During the exercise, De Young took slow deliberate steps. On the eighth step, De Young stepped off the line and missed heel-to-toe. De Young also raised his arms more than six inches from his sides. After the turnaround, De Young paused to regain balance on the second step. On the fifth step, De Young almost lost his balance.

ONE LEG STAND:

During the exercise, De Young raised his right foot less than six inches off the ground. De Young had his arms raised more than six inches from his sides for the duration of the exercise. De Young was also swaying throughout the exercise but not for the duration. De Young placed his foot down just prior to being told to do so.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS:

1) .160 2) .162 3) - 4) -

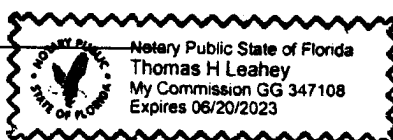
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

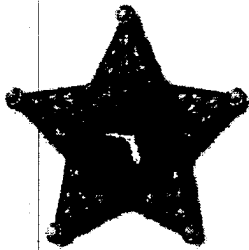
The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of January 2020 by Ofc. ANDREW FLINK

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

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



SCANNED
JAN 30 2020



**PALM BEACH COUNTY SHERIFF'S OFFICE
DUI TESTING FACILITY
INFORMATION SHEET**

PBSO CASE # 20-031623 PBSO ZONE 3-13

AGENCY CASE # 20000628 CRASH CASE # _____

TIME OF STOP/CRASH 0219 DATE 01/29/2020 DAY WEDNESDAY

SUBJECT'S NAME DE YOUNG BENJAMIN BRYCE RACE W SEX M
LAST FIRST MID

HGT 6'1 WGT _____ DOB 04/29/1986

LOCATION 2500 PGA BLVD, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0300

ARREST TIME 02:28

BREATH RESULTS:

- 1) .160
- 2) .162
- 3) N/A
- 4) N/A

BREATH TEST OPERATOR: 19183

NOT A CERTIFIED COPY

**SCANNED
JAN 30 2020**

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006239 Software: 8100.27
Date of Test: 01/29/2020

Date of Last Agency Inspection: 01/17/2020

Observation Period Began: 03:00

Subject's Name: BENJAMIN B DE YOUNG

DOB: 04/29/1986 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:

Test	g/210L	Time
Diagnostics Check	OK	03:24
Air Blank	0.000	03:24
Control Test	0.080	03:24
Air Blank	0.000	03:25
Subject Sample #1	0.160	03:26
Air Blank	0.000	03:27
Air Blank	0.000	03:28
Subject Sample #2	0.162	03:29
Air Blank	0.000	03:30
Control Test	0.078	03:30
Air Blank	0.000	03:31
Diagnostics Check	OK	03:31

Cylinder Lot: 17919080A1
Exp: 08/05/2021

State of Florida, County of Palm Beach.

Personally appeared before me the undersigned authority, who () is personally known to me or () produced _____ as identification, and who after being placed under oath, states:

I THOMAS H LEAHEY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: *T. Leahy* Date: 01/29/20
Signature

Sworn to (or affirmed) before me this 29th day of January, 2020
[Signature] Off A Plink #514 PB6PD
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SCANNED
JAN 30 2020

TESTING FACILITY TASK REPORT

AGENCY: PBL
SUBJECT: DeJong, Benjamin B CASE NUMBER: 20-031623
DATE: 01/29/20 VIDEO TAPE NUMBER: N/A
BEGINNING TIME: 03:22 ENDING TIME: 03:36
BREATH TESTS RESULTS: 1) .160 TIME _____ A.M./P.M. 2) .162 TIME _____ A.M./P.M.
3) N/A TIME _____ A.M./P.M. 4) N/A TIME _____ A.M./P.M.
BREATH OPERATOR: T Lealey #19183
MAINTENANCE TECHNICIAN: J Kalkreuth #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: thick, slurred
ATTITUDE: fidgety, cooperative
CLOTHING: Lt Blue pants, Blue polo, gray shoes
MEDICAL CONDITIONS: none
MEDICATIONS: none

OTHER: eyes glassy + bloodshot
odor of unidentifiable alcoholic beverage on breath
Δ stated he drank 2 large beers - QTA

COMMENTS: arrived at center A/O conducted 20 minute
observation period at 03:00 hrs

Δ agreed to perform breath test

A/O read rights + Δ stated he understood rights

Tech read breath test results + Δ stated he understood
breath test results.

A/O conducted QTA

Δ answered questions

SCANNED
JAN 30 2020

SUBJECT: De Yang, Benjamin B

CASE NUMBER: _____

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

SCANNED
IAN 30 2020

SUBJECT: DeYoung, Benjamin B CASE NUMBER: _____

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? PGA Blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? South

WHAT TIME DID YOU START? unknown WHAT TIME IS IT NOW? unknown

WHAT IS TODAY'S DATE? 1/29 WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? PBC, PBC

WHEN DID YOU LAST EAT? 11:00 AM WHAT DID YOU EAT? Chicken

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Taking care of my kids

HOW MUCH DO YOU WEIGH? 150 HAVE YOU BEEN DRINKING? yes WHAT? beer

HOW MUCH? three large WHERE? Lake Worth FL WITH WHOM? Friend

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:30 PM AND YOUR LAST DRINK? Before 11:00

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? May 1st

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? yes ARE YOU UNDER THE INFLUENCE? yes

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Student WHEN DID YOU LAST WORK? Sunday

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? Scars

ARE YOU SICK OR INJURED? No WHAT'S WRONG? _____

DO YOU LIMP? No DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

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? No WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>No</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? yes WHERE? PA

INTERVIEWER: OFC Feriack 514

SCANNED
JAN 30 2020



Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020003178	Date: 1/29/2020
	Specialist Name/ID: M. Tooks #8557

SCANNED
JAN 30 2020