

21CT 6034 ASB

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									
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-21054876															
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		Weapon Seized / Type 2 1. Yes 2. No N/A		Multiple Clearance Indicator 01																	
Location of Arrest (Including Name of Business) 15200 BLK JOG RD, DELRAY BEACH FL 33446						Location of Offense (Business Name, Address) ATLANTIC AVE / JOG RD, DELRAY BEACH / FL / 33446															
Date of Arrest 04/13/2021		Time of Arrest 0120		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle ATLANTIC TOWING									
Name (Last, First, Middle) BERMAN, BROOKLYN, HANNAH												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex F		Date of Birth 11/21/1998		Height 5'1		Weight 110		Eye Color GRE		Hair Color BLO		Complexion LIGHT		Build SMALL					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) BUTTERFLY ON RIGHT TRICEP												Marital Status Single		Religion NONE		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk					
Local Address (Street, Apt. Number) 6888 NW 25TH COURT, BOCA RATON FL 33496						(City) ()		(State) ()		(Zip) ()		Phone (561) 670-4208		Residence Type: 1. City 2. County 3. Florida 4. Out of State 3							
Permanent Address (Street, Apt. Number) ()						(City) ()		(State) ()		(Zip) ()		Phone ()		Address Source DEFENDANT							
Business Address (Name, Street) NONE						(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation UNEMPLOYED							
D/L Number, State B655068989210, FL				Soc. Sec. Number ()				INS Number ()				Place of Birth (City, State) BOCA RATON, FL				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							
<input type="checkbox"/> Parent Name (Last) (First) (Middle) <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone () () () Business Phone () () ()																					
Notified by: (Name) (Date) (Time) Relationship Juv. 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 checked="" type="checkbox"/> No		Description of Property						Value of Property													
Drug Activity S. Sell N. N/A P. Possess		S. Sell D. Deliver 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/deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other	
Charge Description DRIVING UNDER THE INFLUENCE (REFUSAL)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense # 21054876		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											
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996																					
Court Date and Time Month MAY Day 11TH Year 2021 Time 01:00 AM PM <input checked="" type="checkbox"/>																					
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) (Signature)												Date Signed 04/13/2021									
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other: Intake Deputy D. M. 618				Signature of Arresting Officer (Signature) Name of Arresting Officer (Print) LEHENY #35619 Transferring Officer LEHENY				Name Verification (Printed by Arrestee) (PRINT) I.D. # 35619 Agency PBSO				PAGE 1 OF 1									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13TH DAY OF APRIL 20 21, AT 0104 AM PM

SUBJECT: BERMAN, BROOKLYN, HANNAH CASE NUMBER: 21054876

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: LEHENY #35619

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

At approximately 0104 hours, I arrived in the 15200 block of Jog Rd at the request of D/S Dolcine #7138 who was on a traffic stop. D/S Dolcine initiated the traffic stop the area of W Atlantic Ave and Jog Rd, in unincorporated Delray Beach FL 33446, after observing a 2018 black Hyundai (PCDA66) driving without headlights on. D/S Dolcine activated his emergency lights and initiated a traffic stop and met the driver and only occupant, later identified by her Florida Driver License as Brooklyn Berman.

OBSERVATION OF DRIVER:

Upon my arrival, I walked up to the front driver door and spoke to Berman through the open front driver window. While speaking with her, I immediately noticed a strong odor of an unknown alcoholic beverage coming from the vehicle. As I leaned in closer, I noticed the smell became stronger when she spoke. It should be noted, I was able to smell the odor while wearing a N-95 mask. Berman's speech was extremely slurred and mush mouthed. When I brought up to her the reason D/S Dolcine stopped her, she turned her lights off and on a couple times. Berman's upper body was swaying forward and backwards as we spoke and I noticed she had red, glassy eyes.

DRIVER'S STATEMENTS:

Berman stated she was on her way home and was coming from a friend's house who lives in Delray. She told me her address and stated she could show me. I told her that wasn't necessary but she repeated several times. She then stated that she would show me where her friend even though I already told her it wasn't necessary. Berman denied having anything to drink or taking any medication or narcotics

ODORS:

Strong odor of an unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred and mush mouthed

ATTITUDE: Cooperative

CLOTHING: White Shirt and black shorts

MEDICAL/OTHER: None

STATE OF FLORIDA
COUNTY OF PALM BEACH

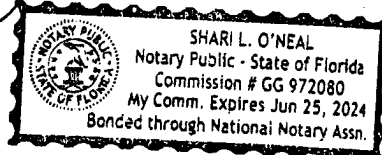
LEHENY #35619
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13TH day of APRIL, 20 21 by LEHENY #35619

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

Shari O'Neal (#6212)

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



SCANNED
APR 13 2021

SUBJECT: BERMAN, BROOKLYN, HANNAH CASE NUMBER 21054876

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:

REFUSAL

WALK & TURN:

REFUSAL

ONE LEG STAND:

REFUSAL

FINGER TO NOSE:

REFUSAL

ROMBERG ALPHABET:

REFUSAL

BREATH TEST RESULTS: 1) REFUSED 2) 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

LEHENY #35619

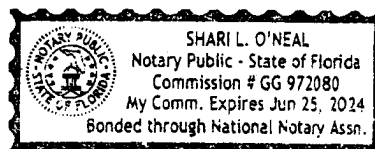
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13TH day of APRIL, 2021 by LEHENY #35619

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

Shari O'Neal (#6212)

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



SCANNED
APR 13 2021

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

21054876

I, LEHENY #35619, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach County Sheriff's Office, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 13 day of April, 20 21, at 0120 ☐ P.M. ☒ A.M.

DRIVER BROOKLYN HANNAH BERMAN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# B655068989210, state of Florida, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE (REFUSAL) by LEHENY #35619 and
(Name of Arresting Officer)
issued Citation # A2FU8MP

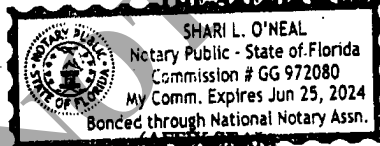
That on or about the 13TH day of APRIL, 20 21, at 0335 ☐ P.M. ☒ A.M.

in Palm Beach County,

I requested that the driver submit to a ☒ breath and/or ☐ urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

DKS 35619
Signature of Law Enforcement Officer or
Correctional Officer

THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)



The foregoing instrument was sworn and subscribed before
me this 13TH day of APRIL, 20 21,
by LEHENY #35619,

who is personally known to me or who has produced
PERSONALLY KNOWN LEO as identification

Notary Public Shari O'Neal (#6212) *S. O'Neal*

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

SCANNED
APR 13 2021



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

PBSO CASE # 21054876 PBSO ZONE 4-21

AGENCY CASE # / CRASH CASE #

TIME OF STOP/CRASH 0104 DATE 04/13/2021 DAY Tuesday

SUBJECT'S NAME BERMAN, BROOKLYN, HANNAH RACE W SEX F

HGT 5'1 WGT 110 DOB 11/21/1998

LOCATION 15200 BLK JOG RD, DELRAY BEACH FL 33446

ARRESTING OFFICER'S NAME & ID LEHENY #35619 (35619) AGENCY Palm Beach County Sheriff's Office

DIVISION: PATROL

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0310

ARREST TIME 0120

BREATH RESULTS:

1) REFUSED

2)

3)

4)

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE #

SCANNED
APR 13 2021

TESTING FACILITY TASK REPORT

AGENCY: PBSO D/S LEHENY #35619

SUBJECT: BERMAN, BROOKLYN H.

CASE NUMBER: 21-054876

DATE: 04-13-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0330 HRS

ENDING TIME: 0335 HRS

BREATH TESTS RESULT: 1) **REFUSED**

A.M. ☒ P.M. ☐

2) TIME A.M. ☐ P.M. ☐

3) TIME A.M. ☐ P.M. ☐

4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: EMOTIONAL, CRYING, UPSET, DRAMATIC, MOODSWINGS, SNOTTY, UNCOOPERATIVE

CLOTHING: SHIRT- WHITE SHORTS- MAROON

MEDICAL CONDITIONS: ANXIETY ALLERGIES- D STATED POSSIBLY.

MEDICATIONS: YES- D STATED DO I NEED TO KNOW.

OTHER:

EYES: VERY RED, WATERY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O LEHENY #35619

D WAS BEING VERY DRAMATIC DURING THE 20 MIN. OBSERVATION.

D WALKED IN THE BREATH ROOM BY HERSELF JUST FINE.

A/O WAS TRYING TO READ THE CAMERA FORMAT AND REQUEST THE BREATH TEST. D THREW HERSELF OUT OF THE CHAIR.

A/O HELPED HER BACK IN THE CHAIR.

D STARTED YELLING WHEN SET BACK IN THE CHAIR. D WAS YELLING REFUSAL.

A/O READ THE IMPLIED CONSENT ON CAMERA. A/O ASKED THE D WOULD SHE SUBMIT TO THE BREATH REQUEST. D STATED SHE PLED THE FIFTH.

A/O TOOK IT AS A REFUSAL.

NO Q&A DUE TO D BEHAVIOR.

SCANNED
APR 13 2021

SUBJECT: _____ 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? _____

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: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

APR 13 2021

WITNESS LIST

CASE NUMBER: 21054876

ARRESTING OFFICER: LEHENY #35619

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT & IN CAR VIDEO

NAME: D/S DOLCINE #7138

ADDRESS: PBSO HQ 3228 GUN CLUB ROAD WEST PALM BEACH FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561-688-3000

CAN TESTIFY TO: TRAFFIC STOP & INITIAL CONTACT

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

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: _____

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CAN TESTIFY TO: _____

NAME: _____

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: _____

SCANNED
APR 13



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

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"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021008900	Date: 4/13/2021
	Specialist Name/ID: J. Beck/9007

SCANNED
APR 13 2021