

50-2020-CT-014715-ANB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1 Juvenile

Agency ORI Number FLO 502600	Agency Name PALM BEACH GARDENS POLICE DEPARTMENT	Agency Report Number (N.T.A.'s only) 78-20-005109
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 <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Multiple Clearance Indicator
Location of Arrest (Including Name of Business) PGA Blvd/FL Turnpike, PBG FL, 33410		Location of Offense (Business Name, Address)
Date of Arrest 11/15/2020	Time of Arrest 02:43	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) **Bennet, Christine, Nicole** Alias (Name, DOB, Soc. Sec. #, Etc.)

Race **W** Sex **F** Date of Birth **03/14/1989** Height **5-07** Weight **130** Eye Color **Blu** Hair Color **Bln** Complexion **Lgt** Build **Med**

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)
TATT: Heartbeat on Left side of Collar Bone

Local Address (Street, Apt. Number) (City) (State) (Zip) Phone
1511 15th Ter, Palm Beach Gardens FL, 33410 (561) 389-0000

Permanent Address (Street, Apt. Number) (City) (State) (Zip) Phone
1511 15th Ter, Palm Beach Gardens FL, 33410 (561) 657-6868

Business Address (Name, Street) (City) (State) (Zip) Phone
Project Estimator

DL Number, State **B530114895941 FL** Soc. Sec. Number [Redacted] INS Number [Redacted] Place of Birth (City, State) **WPB, FL** Citizenship **US**

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
 1. Arrested 3. Felony
 2. At Large 4. Misdemeanor
 5. Juvenile

Co-Defendant Name (Last, First, Middle) Race Sex Date of Birth
 1. Arrested 3. Felony
 2. At Large 4. Misdemeanor
 5. Juvenile

Parent Name (Last) (First) (Middle) Residence Phone
 Legal Custodian
 Other: Business Phone

Address (Street, Apt. Number) (City) (State) (Zip)

Notified by: (Name) Date Time Juvenile 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 defendant and / or 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.
 Yes, by: (Name) No: (Reason)

School Attended Grade

Property Crime? Yes 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. 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
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Charge Description **DUI** Counts **1** Domestic Violence Y N Statute Violation Number **316.193 (1)(a)** Violation of ORD #

Drug Activity **N** Drug Type **N** Amount / Unit **N** Offense # Warrant / Capias Number Bond

Charge Description Counts Domestic Violence Y N Statute Violation Number Violation of ORD #

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Drug Activity **N** Drug Type **N** Amount / Unit **N** Offense # Warrant / Capias Number Bond

Location (Court, Court Number, Address)
NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700

Court Date and Time
Month **December** Day **16th** Year **2020** Time **10:00** AM 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

11/15/2020

Signature of Defendant (or Juvenile and Parent /Custodian) _____ Date Signed _____

HOLD for other Agency Name: Dangerous Resisted Arrest Suicidal Other:

Signature of Arresting Officer
Ofc. Trudeau #493

Name Verification (Printed by Arrestee)
NOV 15 AM 5:30

Transferring Officer **Ofc. Trudeau ID # 493 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)

0519640

2804

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16th DAY OF March 20 19, AT 02:15 AM AM PM
SUBJECT: Bennet, Christine, Nicole CASE NUMBER: 20-005109

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. Trudeau #493

PERSONAL CONTACT

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

On 11/15/2020 at approximately 0215 hrs, I was stationary in the inside straight travel lane of West-bound PGA Blvd near the intersection with Spice Dr. I was in my marked patrol vehicle equipped with an overhead light bar which was illuminated with directional lights indicating to move over one lane to the right. I observed a vehicle approaching from the rear and traveling at a high rate of speed in the inside straight travel lane. I observed the vehicle swerve from the inside straight travel lane to the middle lane within 20 feet of my patrol car. I then attempted to catch up to the vehicle, gray 2013 Ford Explorer bearing FL tag 278QHK, and paced the vehicle at 62mph in a 45mph zone from PGA Blvd/Old Palm Dr to PGA Blvd/FL Turnpike. I conducted a traffic stop on the vehicle and made contact with a female, later identified as Christine Nicole Bennett, sitting in the driver's seat and the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

I observed Christine's pupils to be dilated more than a normal persons, the sclera of her eyes to be reddened, her eyes to be watery, her face to be flushed, and her breathing to be rapid and shallow. During the encounter I requested Christine exit the vehicle to perform several field sobriety exercised. As she exited the vehicle I noticed her gait to be unsteady as she walked to the solid white line in the roadway. Christine was not wearing any shoes during the field sobriety exercises.

DRIVER'S STATEMENTS:

Christine stated Post-Miranda she purchased pre-rolled Marijuana cigar from a smoke shop and smoked a quarter of one cigar approximately 3-4 hours from prior to the stop. She then smoked a quarter of a different cigar approximately 30 minutes prior to the stop. She stated she was driving from Pistachio's in West Palm Beach FL, to her home in PGA National. She stated while at Pistachio's she consumed one alcoholic drink (Tito's and Lemonade) at approximately 2130hrs.

ODORS:

Slight odor of Marijuana emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Normal

ATTITUDE: Polite, Argumentative, Mood swing

CLOTHING: Clean

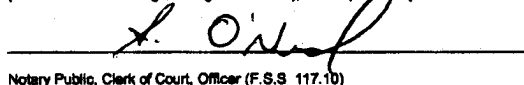
MEDICAL/OTHER: Christine stated she is prescribed medicinal Marijuana and consumed 1/4 of a cigar before she went to Pistachio's and 1/4 of a cigar before she left Pistachio's to drive home (approximatley 30 minutes prior to stop).

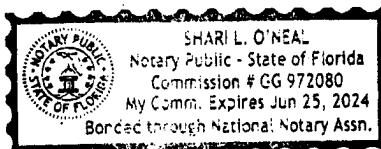
STATE OF FLORIDA
COUNTY OF PALM BEACH


(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of November 2020 by Ofc. Trudeau

(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)



SUBJECT: Bennet, Christine, Nicole

CASE NUMBER 20-005109

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

During the exercise, Christine had a 1-2 inch orbital sway. Lack of convergence was present with the right eye stopping short of converging and bouncing back outward, and the right eye converging on center.

WALK & TURN:

During the instructions stage Christine placed her feet on the line but had difficulty in getting in the starting position. During the first set of steps, Christine took 9 steps and missed heel to toe on each step. She turned around by spinning on both of her feet and took 9 steps back. She failed to step heel to toe on each step.

ONE LEG STAND:

During the instruction stage, Christine had a 1-2 inch orbital sway. She lifted her left leg, balancing on her right leg during the exercise. During the 30 seconds, Christine raised her foot approximately 3-4 inches above the ground and pointed her foot upward. Christine counted in this fashion "one thousand one, one thousand two, one thousand three" on up to "one thousand ten" and then started over at "one thousand one" on up to "one thousand ten." After that she began counting again at "three thousand."

MODIFIED ROMBERG BALANCE:

During the instruction stage, Christine had a 1-2 inch orbital sway. During the entirety of the exercise, I noticed eyelid tremors in both eyes. She estimated 30 seconds in 35 seconds.

FINGER TO NOSE:

Left - Pad of her finger touched the tip of her nose. She needed to be reminded to bring her hand back down to her side before the next command could be given.
Right - Pad of her finger touched the tip of her nose
Left - Pad of her finger touched the tip of her nose
Right - Pad of her finger touched the tip of her nose
Right - Pad of her finger touched the tip of her nose. She initially brought her left hand up but then corrected to her right hand.
Left - Pad of her finger touched the tip of her nose

BREATH TEST RESULTS: 1) REF 2) REF 3) N/A 4) N/A

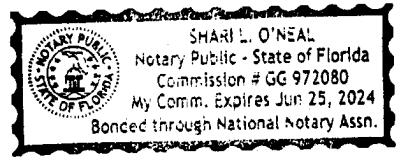
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of November 2020 by Ofc. Trudeau

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

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



TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. TRUDEAU #493

SUBJECT: BENNETT, CHRISTINE N.

CASE NUMBER: 20-127102

DATE: 11-15-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0330 HRS

ENDING TIME: 0342 HRS

BREATH TESTS RESULTS: 1) R TIME 0331 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:

ATTITUDE: CALM, QUIET, COOPERATIVE

CLOTHING: SHIRT- BLACK SHORTS-LIGHT BLUE JEAN BLACK STOCKINGS NO SHOES

MEDICAL CONDITIONS: FOOT SURGERY, CRIPPLING ANXIETY D STATED ON CAMERA

MEDICATIONS: LEXAPRO, MEDICAL MARIJUANA

OTHER:

EYES: BLOODSHOT, WATERY FROM CRYING, RUNNY EYE MOUTH

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O TRUDEAU #493
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D UNDERSTOOD THE I/C AS READ.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ.
C/W READ ON CAMERA TO THE D.
D ANSWERED Q&A



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

PBSO CASE # 20-127102 PBSO ZONE 3-13

AGENCY CASE # 20-005109 CRASH CASE # _____

TIME OF STOP/CRASH 0215 DATE 11-15-2020 DAY Sunday

SUBJECT'S NAME Christine N. Bennett RACE W SEX F

HGT 5-7 WGT 130 DOB 3-14-89

LOCATION PGA Blvd / FL Turnpike

ARRESTING OFFICER'S NAME & ID TRUDEAU 493 AGENCY PB6PD

DIVISION: Road

NOTIFIED BY COMMO 0247

ARRIVAL AT FACILITY 0308

BREATH RESULTS:

Arrest Time 0243

1. _____
2. _____
3. _____
4. _____

TESTING OFFICER'S ID 6212

NOT A CERTIFIED COPY

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

I, Ofc. Trudeau, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 15th day of November, 2020, at 02:43 P.M. A.M.

DRIVER Christine Nicole Bennet
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

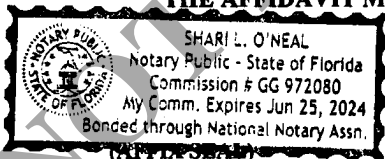
DL# B530114895941, state of FL, was placed under lawful arrest for
the offense of DUI by Ofc. Trudeau and
issued Citation # A56HECE
(Name of Arresting Officer)

That on or about the 15th day of November, 2020, at 03:30 P.M. A.M.
in PALM BEACH County,

I requested that the driver submit to a X 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.

[Signature]
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:

The foregoing instrument was sworn and subscribed before
me this 15th day of November, 2020,
by Ofc. Trudeau,

Signature of Attesting Officer

Title

Date

who is personally known to me or who has produced
Personally Known as identification

Notary Public [Signature]

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.

SUBJECT: Bennett, Christine CASE NUMBER: 20005109

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 in PGH

WHAT STREET OR HIGHWAY WERE YOU ON? PGA Blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? Okeechobee Blvd

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

WHAT IS TODAY'S DATE? Nov 15 WHAT DAY OF THE WEEK IS IT? Sunday

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB FL PBG

WHEN DID YOU LAST EAT? 11:00 pm WHAT DID YOU EAT? Beets / Goat cheese Salad ^{Chicken}

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Socializing w/ Friends

HOW MUCH DO YOU WEIGH? 130 HAVE YOU BEEN DRINKING? Yes WHAT? Titos / Lemonade

HOW MUCH? 1 WHERE? Pistachios WITH WHOM? Friends

WHEN DID YOU HAVE YOUR FIRST DRINK? 9:30 AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? 45 min - 1 hr

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? Construction WHEN DID YOU LAST WORK? Fri Morn

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? Foot Surgery Left Foot

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? Yes WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? Yes WHAT? Lexipro 10mg WHEN? Thursday

DO YOU HAVE:	EPILEPSY?	<u>No</u>	<u>Medical Marijuana</u>
	GLASS EYE?	<u>No</u>	<u>1 1/2 hrs ago</u>
	FALSE TEETH?	<u>No</u>	<u>Smoked</u>
	EAR INFECTION?	<u>No</u>	<u>Small Joint</u>
	INNER EAR TROUBLE?	<u>No</u>	<u>4 hrs prior smoked again</u>
	DIABETES?	<u>No</u>	

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? No WHERE? _____

INTERVIEWER: _____

SUBJECT: Bennett, Christine CASE NUMBER: 20005109

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



**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: 2020026871	Date: 11/16/2020
	Specialist Name/ID: AM/31562