

21CT-18997

OBTS Number 0527273		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 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21005081					
Charge Type: Check as many as apply. <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) Northlake Blvd/North Military Trail						Location of Offense (Business Name, Address) Northlake Blvd/North Military Trail					
Date of Arrest 11/12/2021		Time of Arrest 19:24		Booking Date		Booking Time		Jail Date		Jail Time	
Name (Last, First, Middle) Burt, Christopher,						Alias (Name, DOB, Soc. Sec. #, Etc.)					
Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M		Date of Birth 11/26/1964		Height 600		Weight 180		Eye Color blue	
Hair Color brown		Complexion light		Build medium		Marital Status Married		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) (City) (State) (Zip) 8411 Egret Lakes Ln WPB FL 33412						Phone (203) 644-6225					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 8411 Egret Lakes Ln WPB FL 33412						Residence Type: 1. City 2. County 3. Florida 4. Out of State 2					
Business Address (Name, Street) (City) (State) (Zip)						Address Source Car Registration					
Business Address (Name, Street) (City) (State) (Zip)						Occupation					
DL Number, State 236461559 CT		Soc. Sec.		INS Number		Place of Birth (City, State) Ridgewood, New Jersey		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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone							
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone									
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 <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 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. Synthetic U. Unknown 2. Other									
Charge Description DUI - Property Damage		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(3)(C)(1)		Violation of ORD #			
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Charge Description Crash - Hit & run		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.061(1)		Violation of ORD #			
Drug Activity N		Drug Type N		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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700											
Court Date and Time Month December Day 23 Year 2021 Time 10:30 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) [Signature]											
Date Signed 11/12/2021											
HOLD for other Agency Name:		Signature of Arresting Officer [Signature]				Name Verification (Printed by Arresting Officer) [Signature]					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest Other:		Name of Arresting Officer (Print) Ofc. Butzbach				I.D. # 507		(PRINT)			
Intake Agency [Signature]		I.D. #		Pouch #		Transporting Officer Ofc Butzbach		ID # 507		Agency PBPGD	
Witness here if subject signed											
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)											

NOV 13 2021 3:51

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 12 day of November 2021 at 1829 ☐ AM ☒ PM

Subject: Burt, Christopher, Case Number: 21005081

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: Ofc. Butzbach 507

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On Friday, November 12, 2021, at approximately 6:29p.m. I was dispatched to a hit and run accident at the intersection of Northlake Boulevard and North Military Trail, Palm Beach Gardens, Florida. My department issued body-worn camera was used for the entire investigation. While enroute, Carlos Lima Varela who was involved in the accident (V2) advised a blue Mercedes bearing FL tag QPC55 sideswiped the passenger side of his truck and continued driving west on Northlake Boulevard. The caller had yellow construction lights on his truck and turned them on, hoping the driver would pull over. Varela advised the Mercedes never stopped and continued west on Northlake Boulevard. Varela followed the Mercedes on Northlake just west of Seeline Highway and pulled over to the side of the road at approximately 6:35p.m. and waited for officers to arrive. Officer Johnston (ID 451) drove past Varela in an attempt to locate the fleeing vehicle. Officer Koegel (ID 456) and I made contact with Varela and gathered all of his information pertaining to the crash. Officer Johnston and Officer Rigney (ID 333) went to the address associated to the suspect vehicle (8411 Egret Lakes Lane, West Palm Beach, Florida). This address is the first major community just west of where the caller pulled over and stopped following the vehicle. Officer Johnston and Officer Rigney waited in front of the above-mentioned address for the suspect vehicle to arrive. At approximately 6:45p.m. the suspect vehicle arrived to his address. The vehicle had a sole occupant who was the driver and was identified via Connecticut drivers license as Christopher Burt. The vehicle had damage down the entire drivers side of the vehicle and mirror, which is consistent with the damage and statement from Varela.

OBSERVATION OF DRIVER:

I informed the defendant I was conducting a changing of the hats and transitioning from the crash investigation and conducting an investigation into a DUI investigation. The defendant immediately became upset. I read the defendant his Miranda Rights from a department issued Miranda card, he advised he understood his rights. I asked the defendant how many drinks he had, and he said two, a beer and some orange juice drink. While talking to the defendant I his eyes were red and watery, his speech was slurred, there was the odor of an unknown alcoholic beverage emanating off of his breath, and he had a hard time keeping his balance. I asked the defendant if he would be willing to perform a few Standardized Field Sobriety Task (SFST), he agreed, and the following was the results:

DRIVER STATEMENTS:

I asked the defendant how many drinks he had, and he said two, a beer and some orange juice drink. While on camera at the BAT the defendant advised he had a few beers between 3pm-5pm

ODORS: unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: upset

CLOTHING: discheveled

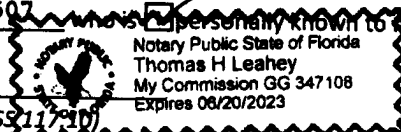
MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 12 day of November 2021 by Ofc. Butzbach 507 who is ☒ personally known to me or ☐ produced .


Notary Public, Clerk of Court, Officer (FSS 117910)



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D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Burt, Christopher,

Case Number: 21005081

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Orbital sway and VGN

Walk and Turn



During the instruction phase the defendant had a hard time getting into the starting position. The defendant started the exercise multiple times without being told to start and would get out of the starting position. On the first set of steps, the defendant took 8 steps, most were not heel to toe or on the line. The defendant made an improper turn. The defendant took 9 steps back most of which were not heeled to toe or on the line.

One Leg Stand



The defendant advised he understood the instructions. The defendant started the exercise before being told to start. The defendant put his foot down multiple times. The defendant did not count out loud like instructed.

Rhomberg



The defendant advised he understood the instructions. The defendant tilted his head back and closed his eyes. I informed the defendant to begin counting in his head. The defendant opened his eyes and told me it had been 30 seconds. The actual time that elapsed was 42 seconds per my stop watch.



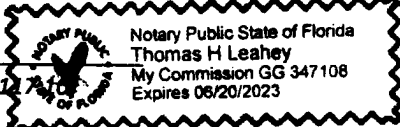
BREATH RESULTS: 1) .259 @ 2023 2) .254 @ 2026 3) _____ @ _____ 4) _____ @ _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 12 day of November 20 21 by
Ofc. Butzbach 507 who is ☒ personally known to me or ☐ produced _____

T. Leahy
Notary Public, Clerk of Court, Officer (FSS 127)



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NOV 13 2021
STAMP

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: BURT, CHRISTOPHER

CASE NUMBER: 21-127353

DATE: Nov 12, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 20:17

ENDING TIME: 20:33

BREATH TESTS RESULTS: 1) .259 TIME 20:23 A.M. ☐ P.M. ☒ 2) .254 TIME 20:26 A.M. ☐ P.M. ☒
3) N/A TIME N/A A.M. ☐ P.M. ☐ 4) N/A TIME N/A A.M. ☐ P.M. ☐

BREATH OPERATOR: P.POUND #24639

MAINTENANCE TECHNICIAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, UPSET

CLOTHING: BLUE SHORTS, BLUE / WHITE SHIRT, NO SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 19:56 HRS.

SUBJECT: ASKED DOES HE HAVE TO TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: STATED RIGHTS WERE READ ON SCENE

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: CONDUCTED Q&A

SUBJECT: ANSWER QUESTIONS

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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: 11/12/2021

Date of Last Agency Inspection: 11/05/2021

Observation Period Began: 19:56

Subject's Name: CHRISTOPHER E BURT

DOB: 11/26/1964 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	20:21
	Air Blank	0.000	20:21
	Control Test	0.080	20:22
	Air Blank	0.000	20:22
	Subject Sample #1	0.259	20:23
	Air Blank	0.000	20:23
	Air Blank	0.000	20:25
	Subject Sample #2	0.254	20:26
	Air Blank	0.000	20:26
	Control Test	0.079	20:27
	Air Blank	0.000	20:27
	Diagnostics Check	OK	20:27

Cylinder Lot: 19021080A2
Exp: 09/05/2023

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 PARIS D POUND, 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: _____

Signature

Date: 11/12/21

Sworn to (or affirmed) before me this 12th day of NOVEMBER, 2021

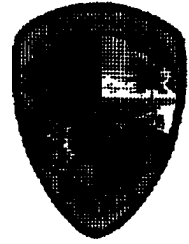
Signature of Notary Public-State of Florida

OF C. W. BUTZBACH
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.



PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET



PBSO Case #: 21-127 353 PBSO Zone: 3-15

Agency Case #: 21005081 Crash Case #: 21005081

Incident Information:

Time of Stop/Crash: 1829 Date of Incident: 11/12/2021 Day: Friday

Location of Incident: Northlake Blvd/North Military Trail

Arrest Information:

Time of Arrest: 19:24 Date of Arrest: 11/12/2021 Day: Friday

Location of Arrest: Northlake Blvd/North Military Trail

Subject's Name: Burt Christopher DOB: 11/26/1964

Race: W Sex: M Height: 600 Weight: 180

Arresting Officer's Name: Ofc. Butzbach ID#: 507

Agency: PBGPD Division: Patrol

Breath Results

- 1) .259 at 20:23 hrs.
- 2) .254 at 20:26 hrs.
- 3) N/A at N/A hrs.
- 4) N/A at N/A hrs.

---BAT Use---

BAT Notified: Y

Arrival Time at BAT: 19:56

Subject Arrest Time: 19:24

Breath Test Operator: 24639

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NOV 13 2021

SUBJECT: _____ 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.

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SUSPECT'S SIGNATURE: (X) _____

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: _____

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NOV 13 2021



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

REVIEW COMPLETED BY

Booking Number: 2021028500

Date: 11/13/2021

Specialist Name/ID: M. Tooks #8557

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