

0250760 20CT9483NB 3710

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

Agency ORI Number 0501700	Agency Name Jupiter Police Department	Agency Report Number (N.T.A.'s only) 5 4 20-002695	Multiple Clearance Indicator
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	If Weapon Seized Enter Type NONE	Multiple Clearance Indicator	
Location of Arrest (Including Name of Business) 1230 W INDIANTOWN RD JUPITER FL 33458		Location of Offense (Business Name, Address) 499 W INDIANTOWN RD/MILITARY TRL, JUPITER, FL 33458	
Date of Arrest 08/07/2020	Time of Arrest 01:57	Booking Date	Booking Time
Alias (Name, DOB, Soc. Sec. #, Etc)			
Name (Last, First, Middle) CARR, COREY EBEN			
Race W - White B - Black O - Oriental/Asian W	Sex M	Date of Birth 03/14/1977	Build Large
Height 5'10	Weight 230	Eye Color BLUE	Hair Color BROWN
Complexion MEDIUM		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATTL BICEP / TRIBAL BAND		Marital Status M	Religion NO PREF
Local Address (Street, Apt. Number) 3900 COUNTYLINE RD 21A, TEQUESTA, FL 33469		Phone (207) 478-4226	Residence Type: 1. City 3. Florida 2. County 4. Out of State 1
Permanent Address (Street, Apt. Number) 3900 COUNTYLINE RD 21A, TEQUESTA, FL 33469		Phone (207) 478-4226	Address Source
Business Address (Name, Street) VA HOSP, RIVIERA BEACH		Phone	Occupation
D/L Number, State C600105770941 / FL	Sec. Sec. Number	INS Number	Place of Birth (City, State) BANGOR, ME, United
Citizenship US		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor	
Co-Defendant Name (Last, First, Middle)		Race	Sex
Co-Defendant Name (Last, First, Middle)		Race	Sex
Name (Last, First, Middle)		Residence Phone	
Address (Street, Apt. Number)		Business Phone	
Notified by: (Name)	Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incorporated
Released To: (Name)	Relationship	Date	Time
The above address was 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's Office (Phone 355-2526) informed of any change of address.		School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property	Value of Property
<input type="checkbox"/> Yes by: <input type="checkbox"/> No: Drug Activity: S. Sell, R. Smuggle, K. Disperse/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. N/A, B. Buy, D. Deliver, E. Use		Drug Type A. Amphetamine B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other
Charge Description DUI - BREATH .08 OR ABOVE		Statute Violation Number 316.193(1)(C)	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #
N	N	/	/
Counts	Domestic Violence	Warrant / Capias Number	Bond OR
1	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Violation of ORD #
Charge Description		Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #
Counts	Domestic Violence	Warrant / Capias Number	Bond
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Violation of ORD #
Charge Description		Statute Violation Number	Violation of ORD #
Drug Activity	Drug Type	Amount / Unit	Offense #
Counts	Domestic Violence	Warrant / Capias Number	Bond
	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Violation of ORD #
Health / Apparent Physical Condition of Defendant		Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries	
Explain:			
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By	Released By
<input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		Date Transported	Time Transported
Transported By		Other	
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.		Location (Court, Room) North County PALM BEACH GARD	No Photo Available
		Court Date and Time 09/09/2020 08:30:00	
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		2020 AUG -7 AM 7:00	
Signature of Defendant (or Juvenile and Parent/Custodian)		Date Signed	
Signature of Arresting Officer Zesut 312		Name Verification (Printed by Arrestee)	
Name of Arresting Officer (Print) ZESUT, BRANDEN		(PRINT)	
ID # 1190			
Transporting Officer Zesut 312 JPP		Witness here if subject signed with an	
Intake Deputy DS COLLINS 7622		POUCH #	

SCANNED

AUG 07 2020

AUG 7 AM 5:44

AB

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 7th DAY OF August 20 20, AT 0157 AM PM

SUBJECT: Carr, Corey Eben CASE NUMBER: 20-002695

AGENCY: JUPITER POLICE DEPARTMENT ARRESTING OFFICER: B. Zesut

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)
Carr drove through a steady red light, turning west onto Indiantown Road from Military trail, at a high rate of speed. He continued to speed (approximately 65MPH in 45MPH zone), and was slow to pull over for lights and sirens.

OBSERVATION OF DRIVER:

Carr's eyes were bloodshot and glossy. I detected the odor of an unknown alcoholic beverage coming from his person as we spoke. He held a red credit card out the driver's window upon my making contact with him. His demeanor was inconvenienced and rude.

DRIVER'S STATEMENTS:

Carr told me that he drank one glass of wine on this night, and then slept for four hours. Carr later stated he drank a bottle of wine.

ODORS:

The odor of an unknown alcoholic beverage was detected coming from Carr's person.

GENERAL OBSERVATIONS

SPEECH: Slurred, short and choppy

ATTITUDE: Inconvenienced, angry, rude, sarcastic

CLOTHING: Pink T-shirt and Camo shorts

MEDICAL/OTHER: Carr stated he has back and hip problems, and does not wear glasses.

STATE OF FLORIDA
COUNTY OF PALM BEACH

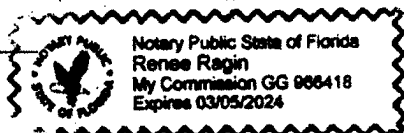
[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of August 20 20 by B. Zesut

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

B. Zesut ID 312

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



SUBJECT: Carr, Corey Eben

CASE NUMBER 20-002695

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:

Carr moved his head to follow the stimulus, and swayed in place. He was talkative during the test and suddenly stopped following the stimulus and asked if I was finished.

WALK & TURN

Carr insisted on beginning the task before the instructions were presented. He appeared angry and inconvenienced. He couldn't remain in the starting position, missed heel to toe on three of the first nine steps, used his arms for balance, and walked off the line. On the return steps he missed heel to toe on three of seven, and then stepped off the line and stopped the task while sarcastically counting all the way to nine.

ONE LEG STAND:

Carr could perform the task for about ten seconds before teetering over and putting his foot back down on the ground. He stopped several times rather than continuing the task as instructed.

FINGER TO NOSE:

Carr didn't keep his eyes closed and head tilted back during this task as instructed. He brought the tip of his finger to the bridge of his nose on four of six repetitions.

ROMBERG ALPHABET:

Carr rhythmically sang the alphabet ABCDEFGHIJKLMNOPQRSTUVWXYZ and Z. He did not keep his eyes closed nor his head tilted back as instructed. At the end of the task he said "Just give me the blow test and lets fucking do this".

BREATH TEST RESULTS: 00.188 00.184

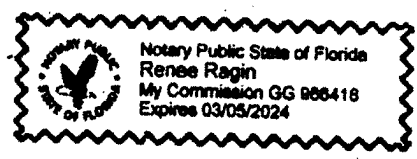
STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 7th day of August 2020 by B. Zesut

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of Identification produced B. Zesut ID 312

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



WITNESS LIST

CASE NUMBER: 20-002695

ARRESTING OFFICER: B. Zesut

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME): 561 746 6201 Ext 2194 (WORK) _____

CAN TESTIFY TO: Facts of the case.

NAME: _____

ADDRESS: 210 Military Trail Jupiter FL 33458

PHONE NUMBERS (HOME) 561 746 6201 (WORK) _____

CAN TESTIFY TO: Facts of the case.

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: _____

NAME: _____

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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: _____

NOT A CERTIFIED COPY



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

PBSO CASE # 20-094840 PBSO ZONE 3-14

AGENCY CASE # 20-002695 CRASH CASE # _____

TIME OF STOP/CRASH 0134 DATE 08/07/2020 DAY FRIDAY

SUBJECT'S NAME CARR, COREY EBEN RACE W SEX M

HGT 5'10 WGT 220 DOB 03/14/1977

LOCATION WEST INDIANTOWN ROAD / MILITARY TRAIL, JUPITER FLORIDA 33458

ARRESTING OFFICER'S NAME & ID B. ZESUT #312 AGENCY JUPITER PD

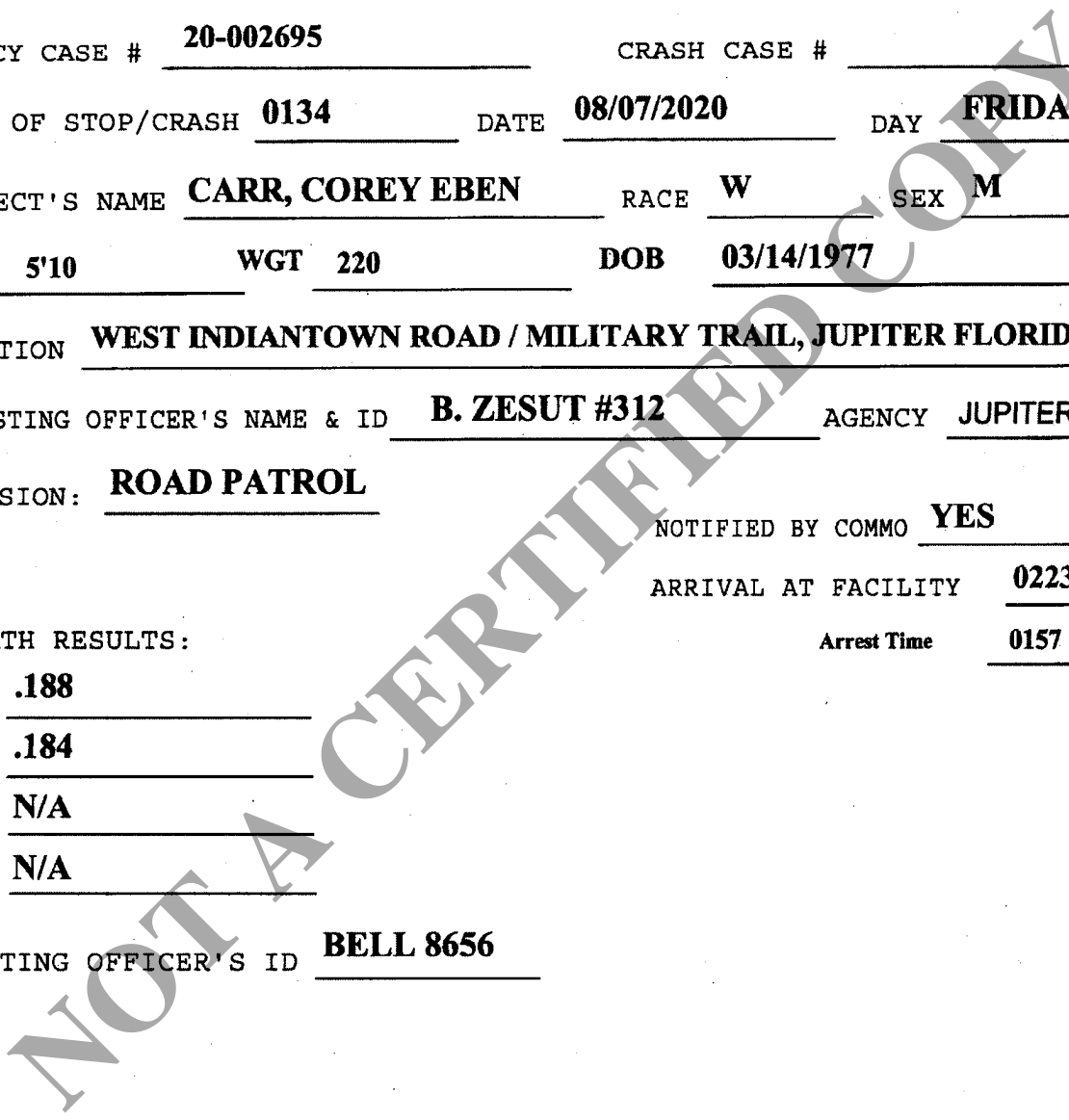
DIVISION: ROAD PATROL NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0223

BREATH RESULTS: Arrest Time 0157

- 1. .188
- 2. .184
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID BELL 8656



TESTING FACILITY TASK REPORT

AGENCY: JPD
SUBJECT: CARR, COREY EBEN
CASE NUMBER: 20-094840
DATE: Aug 7, 2020
VIDEO DVD NUMBER: N/A
BEGINNING TIME: 0250
ENDING TIME: 0307

BREATH TESTS RESULTS: 1) .188 TIME 0255 A.M. P.M. 2) .184 TIME 0258 A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: PINK TEE SHIRT, BLACK CAMO SHORTS, BROWN / BLACK SHOES

MEDICAL CONDITIONS: ARTHRITIS, BULGING DISC IN BACK, HIP ISSUE

MEDICATIONS: UNKNOWN / ANTIDEPRESSANT

OTHER:

EYES: BLOODSHOT, GLASSY
ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH
SUBJECT STATED HE DRANK 1 BOTTLE OF WINE (Q AND A)

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0223 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

TECH READ BREATH TEST RESULTS
SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

A/O CONDUCTED Q AND A
SUBJECT ANSWERED QUESTIONS

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: 80-006478 Software: 8100.27
Date of Test: 08/07/2020

Date of Last Agency Inspection: 07/17/2020

Observation Period Began: 02:23

Subject's Name: COREY E CARR

DOB: 03/14/1977 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	02:53
	Air Blank	0.000	02:53
	Control Test	0.080	02:53
	Air Blank	0.000	02:54
	Subject Sample #1	0.188	02:55
	Air Blank	0.000	02:56
	Air Blank	0.000	02:57
	Subject Sample #2	0.184	02:58
	Air Blank	0.000	02:59
	Control Test	0.079	02:59
	Air Blank	0.000	02:59
	Diagnostics Check	OK	02:59

Cylinder Lot: 28719080A1
Exp: 12/05/2021

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 JOSHUA J BELL, 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: 08/07/2020

Sworn to (or affirmed) before me this 07 day of August, 2020

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.

SUBJECT: Carr, Corey E 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? To get food

WHAT STREET OR HIGHWAY WERE YOU ON? Indiantown

DIRECTION OF TRAVEL? W WHERE DID YOU START? 3900 County line Rd.

WHAT TIME DID YOU START? unk WHAT TIME IS IT NOW? 3:00am

WHAT IS TODAY'S DATE? 8/5 or 8/6 WHAT DAY OF THE WEEK IS IT? Thurs Fri

WHAT COUNTY AND CITY ARE YOU IN NOW? WPB

WHEN DID YOU LAST EAT? IDK WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? sleeping

HOW MUCH DO YOU WEIGH? 220-230 HAVE YOU BEEN DRINKING? not in 6 hours WHAT? Wine

HOW MUCH? IDK WHERE? Home WITH WHOM? self

WHEN DID YOU HAVE YOUR FIRST DRINK? 8pm AND YOUR LAST DRINK? 9pm

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? sip

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

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

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? EMS WHEN DID YOU LAST WORK? Today

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? yes WHAT? Back Problems, Hips,

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

DO YOU LIMP? no 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? no WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? no WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? yes WHAT? IDK WHEN? Morning

DO YOU HAVE:
EPILEPSY? _____
GLASS EYE? _____
FALSE TEETH? _____
EAR INFECTION? _____
INNER EAR TROUBLE? _____
DIABETES? _____
NO

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

INTERVIEWER: OFC. Zesut #312

SUBJECT: Carr, Corey E

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



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: 2020018752	Date: 8/7/2020
	Specialist Name/ID: B Evans / 23649