

20CT6177AMM3

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number		Agency Name Palm Beach Police Department		Agency Report Number (N.T.A.'s only) 20-000553	
Charge Type: Check as many as apply.		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 <input type="checkbox"/>		Weapon Seized / Type 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) 300 Block of Royal Poinciana Way, Palm Beach, FL, 33480				Location of Offense (Business Name, Address) 300 Block of Royal Poinciana Way, Palm Beach, FL, 33480		
Date of Arrest 5/8/2020	Time of Arrest 2215	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Chernov, David Jason				Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex M	Date of Birth 5/4/1972	Height 602	Weight 175	Eye Color Blue	Hair Color Black	Complexion Light	Build Med
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status Single	Religion JEWISH	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Residence Type: 1. City 2. County 3. Florida 4. Out of State			
Permanent Address (Street, Apt. Number) (City) (State) (Zip)			Phone		Address Source			
Business Address (Name, Street) (City) (State) (Zip)			Phone		Occupation			
DL Number, State C651170721640/ FL		Soc. Sec. Number		INS Number		Place of Birth (City, State)		Citizenship
						New York, New York		US

Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 2. At Large <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"/> 3. Felony <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
Parent Name (Last) (First) (Middle)		Residence Phone			Other: ()	
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	
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> 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
Charge Description D.U.L.		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 # 20-000553	Warrant / Capias Number		Bond				
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input 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 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 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) 3228 Gun Club Rd., West Palm Beach, FL					
Court Date and Time Month 7 Day 2 Year 2020 Time 0830 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)				Date Signed	

HOLD for other Agency Name:		Signature of Arresting Officer <i>[Signature]</i>		Name Verification (Printed by Arrestee)	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ardon		(PRINT)	
Intake Deputy I.D. # Pouch #		Transporting Officer ID # Agency Ardon 0068 PBPD		PAGE 1 OF 1	
Witness here if subject signed with an "X"					

0576357

1776

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8th DAY OF May, 2020, AT 2215 AM PM

SUBJECT: Chernov, David Jason CASE NUMBER: 20-000553

AGENCY: Palm Beach Police Department ARRESTING OFFICER: Ardon 0068

PERSONAL CONTACT

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

The vehicle was traveling at a high rate of speed south from the 600 Block of Slope Trail. Upon catching up to the vehicle, the vehicle was seen swerving from the double yellow lane to the painted shoulder on the 400 Block of N Lake Way. The vehicle then almost struck the plastic pillars that were posted on the shoulder. The vehicle continued south on N Lake and continued to swerve almost striking a parked pickup off the roadway. The vehicle then turned on its right blinker and continued south for approximately a quarter mile. When the vehicle reached the Corner of Bradley park and Royal Poinciana Way it took an extremely wide turn as it turned westbound on Royal Poinciana. My emergency lights and siren's were then activated and the vehicle did not stop for approximately a mile. Once the vehicle was stopped and the defendant was the only occupant.

OBSERVATION OF DRIVER:

Slurred speech, blood shot eyes, confused, kept stumbling once out of vehicle

DRIVER'S STATEMENTS:

Stated he drank a "couple bottles", stated he was "a little impaired"

ODORS:

Unknown alcoholic beverage was emanating from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Unaware of what was happening, agitated

CLOTHING: Blue button up, khaki shorts, beige sandals.

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

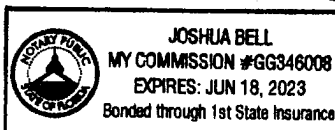
Ardon 0068

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of May, 2020 by _____

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

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



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:

Eyes glassy and bloodshot. Extreme swaying of body while speaking. Could not keep his head still as instructed.

WALK & TURN

Could not keep balance during instruction stage. Started before being instructed to do so several times. Missed 9 heel to toe steps, improperly turned, and then missed 9 heel to toe steps back.

ONE LEG STAND:

Could not stay in instructed position when asked to do so. kept beginning before to do so. Used arms for balance, put foot down 4 times, swayed back and forth, skipped numbers, and continued to ask how long he had to do this task.

FINGER TO NOSE:

Missed nose multiple times. Swayed.

ROMBERG ALPHABET:

Swayed back and forth. Did not keep head tilted back.

BREATH TEST RESULTS: _____

STATE OF FLORIDA
COUNTY OF PALM BEACH

Ardon 0068

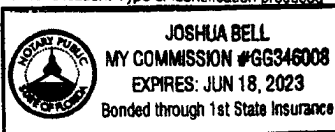
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of May 2020 by OFC. Ardon

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

Known

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





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

PBSO CASE # 20-066810 PBSO ZONE 1-11

AGENCY CASE # 20-000553 CRASH CASE # _____

TIME OF STOP/CRASH 2154 DATE 5/8/2020 DAY FRI

SUBJECT'S NAME DAVID JASON CHERNO RACE W SEX M

HGT 601 WGT 175 DOB 5/4/1972

LOCATION 300 ROYAL PONCZANA WAY, PALM BEACH, FL, 33480

ARRESTING OFFICER'S NAME & ID ARDON 0068 AGENCY PBPD

DIVISION: _____

NOTIFIED BY COMMO YES

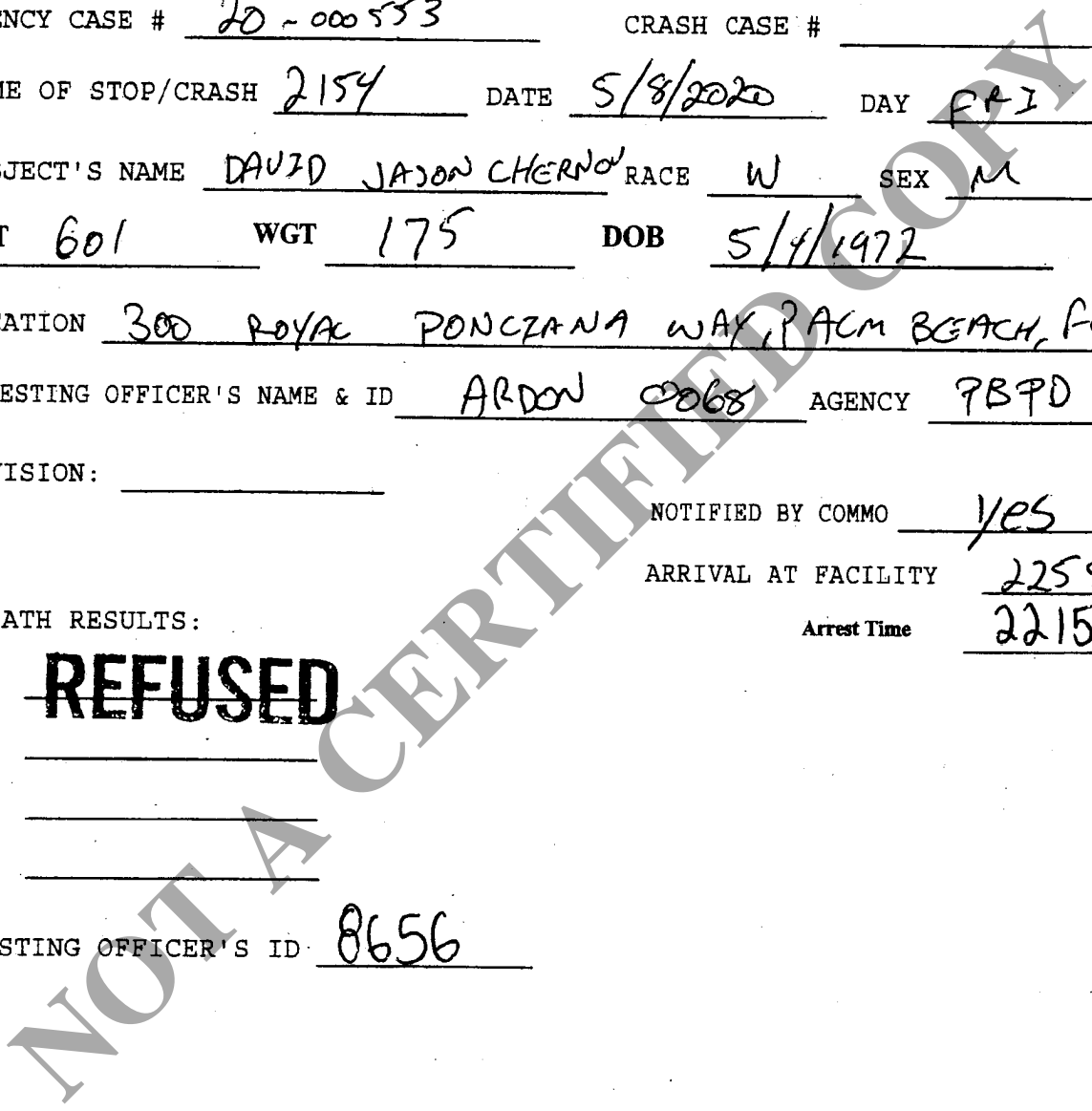
ARRIVAL AT FACILITY 2250

Arrest Time 2215

BREATH RESULTS:

1. **REFUSED**
2. _____
3. _____
4. _____

TESTING OFFICER'S ID: 8656



TESTING FACILITY TASK REPORT

AGENCY: PBDP

SUBJECT: CHERNOV, DAVID J

CASE NUMBER: 20-066810

DATE: 5/8/20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2312

ENDING TIME: 2318

BREATH TESTS RESULTS: 1) R TIME 2316 A.M. P.M. 2) N/A TIME XX A.M. P.M.
3) N/A TIME XX A.M. P.M. 4) N/A TIME XX A.M. P.M.

REFUSED

BREATH OPERATOR: JOSHUA J BELL #8656

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, UNCOOPERATIVE, REPEATATIVE, LOUD, OBNOXIOUS

CLOTHING: BLUE LONG SLEEVE BUTTON UP SHIRT, TAN SHORTS, BROWN FLIP FLOPS

MEDICAL CONDITIONS: IM MENTAL

MEDICATIONS: A LOT

OTHER:

EYES: BLOODSHOT, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 2250 HOURS

SUBJECT WOULD NOT ANSWER CAMERA FORMAT QUESTIONS

SUBJECT STATED HE WOULD NOT TAKE BREATH TEST

A/O READ I.C

SUBJECT STATED HE DID NOT UNDERSTAND A/O TALKING UNDER MASK

A/O READ I.C AGAIN WITH NO MASK ON

SUBJECT TALKED OVER A/O WHILE READING I.C. SUBJECT KEPT REPEATING I DO NOT UNDERSTAND WHAT YOU SAID UNDER YOUR MASK.

A/O AND TECH TRIED TO EXPLAIN I.C

SUBJECT TALKED OVER US AND WOULD NOT LISTEN. SUBJECT KEPT REPEATING I DO NOT UNDERSTAND WHAT YOU SAID UNDER YOUR MASK.

A/O CALLED A REFUSAL DUE TO SUBJECT BEING UNCOOPERATIVE

A/O READ RIGHTS

SUBJECT TALKED OVER A/O WHILE READING RIGHTS. SUBJECT KEPT REPEATING I DO NOT UNDERSTAND WHAT YOU SAID UNDER YOUR MASK. Q AND A NOT CONDUCTED DUE TO SUBJECT BEING UNCOOPERATIVE

REFUSED

SUBJECT: Chernov, David J 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: *Subpoena*

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: Ofc. Ardon #0068

SUBJECT: Chernov, David J

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) _____

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

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

Ardon 0068

I, _____, a duly certified Law Enforcement Officer or Correctional
(Person reading Implied Consent Warning)

Officer, am a member of **Palm Beach Police Department** _____, and I do swear
(Name of enforcement agency)

or affirm that on or about the **8th** day of **May**, 20 **20**, at **2215** _____ P.M. A.M.
(Circle One)

NAME **David** **Jason** **Chernov**
(Type or Print) FIRST MIDDLE OR MAIDEN LAST

DL# **C651170721640/ FL** _____, state of **FLORIDA** _____, was placed under lawful arrest for

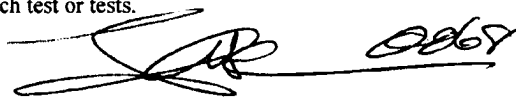
the offense of **316.193(1)** by **Ardon 0068** _____ and
(Name of Arresting Officer)

issued Citation # **3430-XDV**

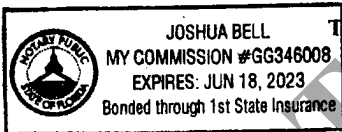
That on or about the **8th** day of **May**, 20 **20**, at **2316** _____ P.M. A.M.
(Circle One)

in, **PALM BEACH COUNTY**, [PLEASE CHECK THE BOX OR BOXES THAT APPLY] I did request said
person to submit to a **breath**, **urine**, or **blood** test to determine the content of alcohol in his or her blood or breath or the presence of
chemical or controlled substances therein. I did inform said person that any refusal to submit to such test or tests would result in the suspension of his or
her privilege to operate a motor vehicle for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if the driving privilege of
such person had been suspended previously for refusing to submit to such test or tests. I did inform said person that he or she commits a misdemeanor, if
said person refuses to submit to a lawful test as requested above, and his her driving privilege has been previously suspended for a prior refusal to submit to
submit to a lawful test of his or her breath, urine, or blood,. In cases involving a Commercial Motor Vehicle, I did inform the driver that this refusal will
result in the disqualification of the driver's Commercial Driver's License/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 such test.

Said person did at that time and place refuse to submit to such test or tests.



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:

Signature of Attesting Officer

(AFFIX SEAL)
The foregoing instrument was sworn and subscribed before
me this **8th** day of **May**, 20 **20**
by **Ardon 0068**

Title _____
Date _____

who is personally known to me or who has produced
_____ as identification.

Notary Public 

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. If no DUI arrest is made, attach HSMV 72005 (Notice of
Commercial Driver's License/Privilege Disqualification).



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: 2020012243	Date: 05/09/2020
	Specialist Name/ID: T Howard/7185