

0431739

21CT11289 NB 202

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 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number 78 - 21002951															
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		Weapon Seized / Type 2. 1. Yes 2. No		Multiple Clearance Indicator											
Location of Arrest (Including Name of Business) ALT A1A/BURNS RD, PBG, FL		Location of Offense (Business Name, Address) ALT A1A/BURNS RD, PBG, FL																			
Date of Arrest 07/08/2021		Time of Arrest 01:00		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407									
Name (Last, First, Middle) TORRES, ELVING, LUIS												Alias (Name, DOB, Soc. Sec. #, Etc.)									
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex M		Date of Birth 11/04/1972		Height 5'5		Weight 185		Eye Color BLK		Hair Color BLK		Complexion MED		Build MED					
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)										Marital Status SINGLE		Religion CATHOLIC		Indication of: Alcohol Influence Drug Influence		Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>					
Local Address (Street, Apt. Number) 544 TEAK DR,		(City) LAKE PARK,		(State) FL		(Zip) 33403		Phone (703) 626-3596		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2									
Permanent Address (Street, Apt. Number) 544 TEAK DR,		(City) LAKE PARK,		(State) FL		(Zip) 33403		Phone		Address Source VERBAL											
Business Address (Name, Street) (City)		(State)		(Zip)		Phone		Occupation													
D/L Number, State T620212724040 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) PONCE, PR		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 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. <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 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 DRIVING UNDER THE INFLUENCE OVER .08		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(1)(C)		Violation of ORD #													
Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number		Bond											
Charge Description DUI ENHANCED OVER .15		Counts 1		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number 316.193(4)		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 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) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																					
Court Date and Time Month AUGUST Day 11 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM <input 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)														Date Signed 07/08/2021							
HOLD for other Agency Name:				Signature of Arresting Officer ALSH				Name Verification (Printed by Arresting Officer) SCANNED													
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal				<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:				Name of Arresting Officer (Print) OFC. ANDREW FLINK				ID # 514									
Intake Deputy SPAWN EICK				Transporting Officer OFC. A. FLINK				ID # 514				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)

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 8TH day of JULY 2021 at 0047 ☒ AM ☐ PM

Subject: TORRES, ELVING, LUIS Case Number: 21002951

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

PERSONAL CONTACT

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

Ofc Hennessy 409 observed a Honda two door sedan in the area of Alt A1A and Burns Rd, PBG, FL, bearing Florida Tag INHB71, which was not assigned to that vehicle. Ofc Hennessy conducted a traffic stop on the vehicle just West of that location. This Officer was present when the traffic was initiated. After Ofc Hennessy made initial contact with the driver, this Officer spoke with the driver, identified via Florida Driver License photo, Elving Torres, while he was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Torres had thick slurred speech, flushed red face, bloodshot watery eyes, and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance. The odor increased in intensity as Torres spoke.

DRIVER STATEMENTS:

Torres initially said he was coming from an individual's house, then said "Jumby Bay". Torres further stated he was on his way to "Pirate's Well". Torres admitted to consuming two alcoholic beverages on this night. When asked to step out of the vehicle, Torres had difficulty opening the door until it was unlocked, then he opened it right away.

ODORS: Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Thick slurred

ATTITUDE: Compliant, calm

CLOTHING: Black shirt, black shorts, black sneakers

MEDICAL/OTHER: High blood pressure

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of July 2021 by
OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced


Notary Public, Clerk of Court, Officer (FSS 117.10)



JOSHUA BELL
MY COMMISSION #66346008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

STAMP

SCANNED
JUL 08 2021

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: **TORRES, ELVING, LUIS**

Case Number: **21002951**

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:

During the exercise, Torres was swaying back and forth. Torres also had to be told multiple times to follow the stimulus. Torres had Vertical Gaze Nystagmus in both eyes.

Walk and Turn

During the first set of steps, Torres stumbled off the line on his first step and raised his arms more than six inches from his sides. Through the rest of the set, Torres missed heel-to-toe multiple times. Torres then conducted an improper turnaround by coming off the line. During the return set of steps, Torres missed heel-to-toe on multiple steps and again raised his arms more than six inches from his sides.

One Leg Stand

During the exercise, Torres raised his left leg. Torres swayed and raised his arms more than six inches from his sides. Torres then placed his foot down prior to being told to do so and said "I can't even do this normally, like I just can't". Torres then said he was unable to balance and the exercise was terminated. It should be noted, during the exercise, Torres had to be told to look down at his raised foot.

Finger to Nose

During the exercise, the following observations were made: First command of left, Torres used his right hand, touched his nose then corrected to the proper hand and used the pad of his finger. All subsequent commands, Torres touched the tip of his nose with the pad of the corresponding finger.

BREATH RESULTS: 1) .195 @ 0201 2) .198 @ 0203 3) - @ - @ -

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 8th day of July 2021 by
OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



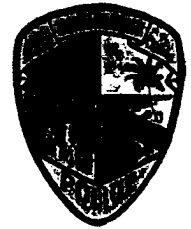
JOSHUA BELL
MY COMMISSION #GG348008
EXPIRES: JUN 18, 2023
Bonded through 1st State Insurance

STAMP

SCANNED
JUL 08 2021



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-083583 PBSO Zone: 3-13

Agency Case #: 21002951 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 0047 Date of Incident: 07/08/2021 Day: THURSDAY

Location of Incident: ALT A1A/BURNS RD, PBG, FL

Arrest Information:

Time of Arrest: 01:00 Date of Arrest: 07/08/2021 Day: THURSDAY

Location of Arrest: ALT A1A/BURNS RD, PBG, FL

Subject's Name: (L) TORRES, (F) ELVING, (M) LUIS

DOB: 11/04/1972 Race: W Sex: M Height: 5'5 Weight: 185 Hair BLK Eye BLK

Address: 544 TEAK DR, LAKE PARK, FL 33403 Phone: (703) 626-3596

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .195 at 0201 hrs.
- 2) .198 at 0204 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 0130
Subject Arrest Time: 01:00

Breath Test Operator: BELL, JOSH 8656
PBSO

SCANNED
JUL 08 2021

TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: TORRES, ELVING LUIS

CASE NUMBER: 21-083583

DATE: Jul 8, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0157

ENDING TIME: 0210

BREATH TESTS RESULTS: 1) .195 TIME 0201 A.M. ☒ P.M. ☐ 2) .198 TIME 0204 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 TECHNICAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: TALKATIVE, COOPERATIVE

CLOTHING: BLACK TEE SHIRT, BLACK SHORTS, BLACK SHOES

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: BLOOD PRESSURE MEDS, ADDERALL, PRILOSEC

OTHER:

EYES: BLOODSHOT, GLASSY

COMMENTS:

ARRIVED AT DUI TESTING FACILITY AND BEGAN THE 20 MINUTE OBSERVATION AT 0130 HOURS

SUBJECT STATED HE WOULD TAKE BREATH TEST

BREATH TEST COMPLETED.

A/O READ RIGHTS

SUBJECT STATED HE UNDERSTOOD HIS RIGHTS

TECH READ BREATH TEST RESULTS

SUBJECT STATED HE UNDERSTOOD BREATH TEST RESULTS

A/O CONDUCTED Q AND A

SUBJECT ANSWERED Q AND A

SCANNED
JUL 08 2021

**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: 80-006238 Software: 8100.27
Date of Test: 07/08/2021

Date of Last Agency Inspection: 06/11/2021
Observation Period Began: 01:30
Subject's Name: ELVING L TORRES

DOB: 11/04/1972 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	01:59
	Air Blank	0.000	01:59
	Control Test	0.080	02:00
	Air Blank	0.000	02:00
	Subject Sample #1	0.195	02:01
	Air Blank	0.000	02:02
	Air Blank	0.000	02:03
	Subject Sample #2	0.198	02:04
	Air Blank	0.000	02:04
	Control Test	0.079	02:05
	Air Blank	0.000	02:05
	Diagnostics Check	OK	02:05

Cylinder Lot: 02021080A1
Exp: 03/05/2023

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 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: 07/08/21

Sworn to (or affirmed) before me this 08 day of July, 2021

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.

SCANNED
JUL 08 2021

SUBJECT: Torres, Elv ng Luis

CASE NUMBER: 21-002951

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) _____

Recid on camera

SCANNED
JUL 08 2021

SUBJECT: Torres, Elving Luis

CASE NUMBER: 21-002951

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?	<u>/</u>
GLASS EYE?	<u>/</u>
FALSE TEETH?	<u>/</u>
EAR INFECTION?	<u>/</u>
INNER EAR TROUBLE?	<u>/</u>
DIABETES?	<u>/</u>

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. A. Flink #514

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

SCANNED
JUL 08 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: 2021016737	Date: 7/8/21
	Specialist Name/ID: A. Pinkney/7796