

20 OCT 23 06 MB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-20-035157	
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
Location of Arrest (Including Name of Business) S. MILITARY TRAIL & CLASSICO PL	Location of Offense (Business Name, Address) S MILITARY TRAIL AND CLASSICO PL		Location of Vehicle BOYNTON BEACH FL 33436			
Date of Arrest 02/06/2020	Time of Arrest 2351 PM	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle GARDENS TOWING

Name (Last, First, Middle) Schroth Emma Christine		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White 1 - American Indian B - Black 0 - Oriental/Asian	Sex F	Date of Birth 10/17/1989	Height 5'07	Weight 140	Eye Color GRN	Hair Color BLD
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) RT SIDE - IRISH SYMBOL / RT SIDE TURTLE / LT HAND - ANCHOR		Marital Status Single	Religion NONE	Indication of Alcohol Influence Drug Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 1840 Edgewater Dr		(City) Boynton Beach, FL 33436	(State)	(Zip)	Phone (561) 767-1966	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source FL DL
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation BARTENDER
D/L Number, State S630203898770, FL	Soc. Sec. Number	INS Number		Place of Birth (City, State) CAMDEN, NJ		Citizenship USA

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
				<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
				<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other	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 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 DUI W/ 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 REFUSED	Offense # 20-035157	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				
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) CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406					
Court Date and Time Month 03 Day 05 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 02/06/2020	

HOLD for other Agency Name:	Signature of Arresting Officer INV. SCHNEIDER 8723	Name Verification (Printed by Arresting Officer) EMMA SCHROTH
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other	(PRINT) EMMA SCHROTH
Intake Deputy SEAN	ID # 02/06/2020	Pouch #
Transporting Officer INV. SCHNEIDER	ID # 8723	Agency PBSO
Witness here if subject signed with an "X"		PAGE 1 OF 1

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

I, INV. SCHNEIDER 8723, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PBSO, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6th day of Feb, 20 20, at 1151 PM P.M. A.M.

DRIVER Emma Christine Schroth
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

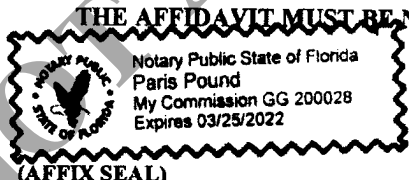
DL# S630203898770, FL, state of FLORIDA, was placed under lawful arrest for
the offense of DUI W/ PROPERTY DAMAGE by INV. SCHNEIDER 8723 and
issued Citation # A2GD5EP (Name of Arresting Officer)

That on or about the 7TH day of Feb, 20 2020, at 12:40 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 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 6th day of Feb, 20 20,

Signature of Attesting Officer
Title
Date / / 2020

by INV. SCHNEIDER 8723

who is personally known to me or who has produced
PERSONALLY KNOWN LEO as identification

Notary Public, P. POUND 24639
SCANNED
HSMY-BAR1001 (REV. 10/2016)
FEB 07 2020

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.

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6 DAY OF Feb 20 20, AT 2330 AM PM

SUBJECT: Schroth Emma Christine CASE NUMBER: 20-035157

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. SCHNEIDER 8723

PERSONAL CONTACT

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

On 02/06/2020 at approximately 2324 hrs, I was the first to arrive on scene of a motor vehicle crash with injuries at the intersection of S. Military Trail and Classico Pl, which is located in unincorporated Boynton Beach, Palm Beach County, Florida. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 2321hrs, the defendant, Schroth, did indeed drive her vehicle off the roadway after striking a raised median barrier into a chain link fence. (See PBSO crash case #20-035155)

Witness Rivilanaud Jean Georges identified the defendant, to me, as the driver, of the vehicle at the time of the crash. Mr. Georges provided a sworn statement, on camera, as to the events which transpired surrounding the crash.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as Emma Christine Schroth, I immediately detected a really obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Schroth. Schroth had glassy, glazed, and blood shot eyes. Schroth's speech was slurred, slow, thick, and at times difficult to understand. Schroth's movements were slow and deliberate, and lethargic with poor coordination. Schroth had an unsteady gait while walking to my patrol vehicle and once at my patrol car, she had to hold onto my arm for balance. Schroth was wearing a black and grey t-shirt, blue jeans shorts, and black shoes. All the clothing appeared dirty. Schroth had dirt all over her legs.

DRIVER'S STATEMENTS:

Post Miranda Schroth stated she smokes marijuana

Schroth REFUSED after Implied Consent, which she stated she understood. When asked if Schroth was operating a vehicle at the time of the crash she stated "No Contest". Schroth refused to answer any questions after that.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from her person and face area which intensified as I spoke to Schroth.

GENERAL OBSERVATIONS

SPEECH: Schroth's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: polite, cooperative,

CLOTHING: black and grey t-shirt, blue jeans shorts, and black shoes. All the clothing appeared dirty.

MEDICAL/OTHER: None Stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. SCHNEIDER 8723

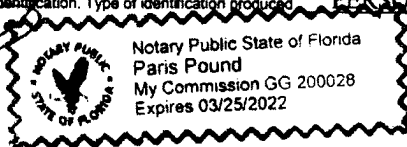
Signature of Arresting/Investigative Officer

I, the foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of Feb 20 20 by INV. SCHNEIDER 8723

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

P. POUND 24639

Notary Public, Clerk of Court, Commissioner of S.S. (1910)



SUBJECT Schroth

Emma

CASE NUMBER 20-035157

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:

Schroth would sway roughly in a side to side front to back pattern while talking with me at the front of my patrol car.

WALK & TURN:

Declined to perform

ONE LEG STAND:

Declined to perform

FINGER TO NOSE:

Declined to perform

ROMBERG ALPHABET:

Declined to perform

BREATH TEST RESULTS:

REFUSED

REFUSED

STATE OF FLORIDA

COUNTY OF PALM BEACH

INV. SCHNEIDER 8723

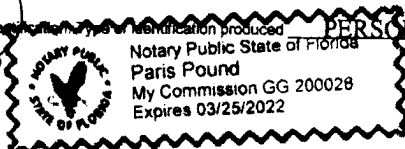
Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of Feb 20 20 by INV. SCHNEIDER 8723

Print name of Arresting/Investigative Officer (If not personally known to me and/or produced identification produced PERSONALLY KNOWN LEO

P. POUND 24639

Notary Public, Clerk of Court, Officer (F.S.S. 17.10)



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TESTING FACILITY TASK REPORT

AGENCY: _____
 SUBJECT: CRICK, E. J. CASE NUMBER: 20-010157

DATE: 7/22 VIDEO TAPE NUMBER: 111

BEGINNING TIME: 0040 ENDING TIME: 0044

BREATH TESTS RESULTS: 1) K TIME 0044 A.M./P.M. 2) --- TIME --- A.M./P.M.
 3) --- TIME --- A.M./P.M. 4) --- TIME --- A.M./P.M.

BREATH OPERATOR: C. 103-1

MAINTENANCE TECHNICIAN: KARLSON

TESTING OFFICER'S OBSERVATIONS

SPEECH: _____

ATTITUDE: ...

CLOTHING: ...

MEDICAL CONDITIONS: ---

MEDICATIONS: _____

OTHER: ...

REFUSED

COMMENTS: ...

REFUSED

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.

SUSPECT'S SIGNATURE: (X) _____

SCANNED
FEB 07 2023

SUBJECT: SEARCHED - Emma C. CASE NUMBER: 20-25157

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? 2020 IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

WITNESS LIST

CASE NUMBER: 20-035157

ARRESTING OFFICER: INV. SCHNEIDER 8723

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT & OFFENSE REPORT & IN CAR VIDEO

NAME: GEORGES, RIVILANAUD, JEAN

ADDRESS: 1701 NW 2ND ST APT A3 , DEERFIELD BEACH FL 33442

PHONE NUMBERS (HOME) NONE (WORK) NONE

CAN TESTIFY TO: Vehicle Crash and Identify the Driver

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

NAME: _____

ADDRESS _____

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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

SCANNED
FEB 07 2020



**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

SCANNED Booking Number: 2020004233 FEB 07 2020	Date: 02/07/2020
	Specialist Name/ID: T Howard/7185