

0515183

20CT 3655 NPI9

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

1
Juvenile N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 502600				Agency Name PALM BEACH GARDENS POLICE DEPARTMENT				Agency Report Number (N.T.A.'s only) 78- 20001336																		
	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 2		Multiple Clearance Indicator																		
	Location of Arrest (Including Name of Business) 7000 FAIRWAY DR, PBG, FL						Location of Offense (Business Name, Address) 7100 FAIRWAY DR, PBG, FL																						
	Date of Arrest 02/28/2020		Time of Arrest 23:35		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle KAUFF'S TOWING & RECOVERY 4301 East Avenue, West Palm Beach, FL 33405																
	Name (Last, First, Middle) HIGGINS, EVELYN,												Alias (Name, DOB, Soc. Sec. #, Etc.)																
	Race W - White I - American Indian B - Black O - Oriental/Asian		Sex F		Date of Birth 05/17/1960		Height 5'7		Weight 140		Eye Color BLU		Hair Color BLO		Complexion LIGHT		Build SMALL												
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) N/A						Marital Status SINGLE		Religion CATHOLIC		Indication of Alcohol Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>																
	Local Address (Street, Apt. Number) 18081 SE COUNTRY CLUB DR #187 JUPITER, FL 33469				(City) JUPITER, FL		(State) FL		(Zip) 33469		Phone (631) 438-6721		Residence Type: 1. City 2. County 3. Florida 4. Out of State		2														
	Permanent Address (Street, Apt. Number) 18081 SE COUNTRY CLUB DR #187 JUPITER, FL 33469				(City) JUPITER, FL		(State) FL		(Zip) 33469		Phone ()		Address Source VERBAL																
	Business Address (Name, Street) ()				(City) ()		(State) ()		(Zip) ()		Phone ()		Occupation DOCTOR																
D/L Number, State H252200606771 FL		Soc. Sec. Number ()		INS Number		Place of Birth (City, State) FLUSHING, NY		Citizenship US																					
CO-DEF										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-DEF										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									
JUVENILE										Parent Name (Last, First, Middle)		Relationship		Residence Phone															
JUVENILE										Legal Custodian Name (Last, First, Middle)		Relationship		Business Phone															
JUVENILE										Address (Street, Apt. Number)		(City)		(State)		(Zip)													
JUVENILE										Notified by: (Name)		Date		Time		Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated													
JUVENILE										Released To: (Name)		Relationship		Date		Time													
JUVENILE										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 355-2528) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)						School Attended		Grade											
JUVENILE										Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property				Value of Property													
CODE										Drug Activity S. Sell N. N/A 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. Synthetics		U. Unknown Z. Other	
CHARGE										Charge Description DRIVING UNDER THE INFLUENCE				Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)(A)				Violation of ORD #							
CHARGE										Drug Activity N		Drug Type N		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
CHARGE										Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
CHARGE										Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
CHARGE										Charge Description				Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number				Violation of ORD #							
CHARGE										Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number				Bond							
NOTICE TO APPEAR										Location (Court Room Number, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700																			
NOTICE TO APPEAR										Court Date and Time Month APRIL Day 1 Year 2020 Time 10:00 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																	
NOTICE TO APPEAR										Signature of Defendant (or Juvenile and Parent /Custodian)						Date Signed 02/28/2020													
ADMIN										HOLD for other Agency Name:		Signature of Arresting Officer X [Signature]				Name Verification (Printed by Arrestee) (PRINT)													
ADMIN										<input type="checkbox"/> Dangerous (Suicidal) <input checked="" type="checkbox"/> Resisted Arrest		Name of Arresting Officer (Print) Ofc. ANDREW FLINK 514				I.D. #													
ADMIN										Initials Deputy SPANN 810		I.D. #		Pouch #		Transporting Officer ANDREW FLINK 514				Agency PBGPD		Witness here if subject signed with me <input checked="" type="checkbox"/>		PAGE 1 of 1					

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 28TH DAY OF FEBRUARY 2020, AT 2326 AM PM

SUBJECT: HIGGINS, EVELYN, CASE NUMBER: 20001336

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

PERSONAL CONTACT

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

This Officer was traveling North bound in the 7100 block of Fairway Dr, PBG, FL, and observed a vehicle being driven in a careless manner in the outside through lane. This Officer observed the vehicle having difficulty negotiating a curve in the roadway. The vehicle, a red Nissan sedan (GNPK08/FL) drifted over the outside line multiple times and almost struck the raised concrete curb. The vehicle operated appeared to have difficulty keeping the vehicle straight, in the lane between the painted traffic control devices on the pavement. This Officer initiated a traffic stop on the vehicle in the parking lot of the service station located at 7000 Fairway Dr, PBG, FL. This Officer made contact with the driver, identified via Florida Driver License photo, Evelyn Higgins, while she was still in actual physical control of the vehicle.

OBSERVATION OF DRIVER:

Higgins had watery eyes, flushed red face, slurred speech and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance.

DRIVER'S STATEMENTS:

Higgins said she was coming from a friend's house and denied consuming any alcoholic beverages on this evening.

ODORS:

Unknown alcoholic beverage.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Grey sweater, red shirt, white pants, and blue sneakers

MEDICAL/OTHER: None stated

STATE OF FLORIDA
COUNTY OF PALM BEACH

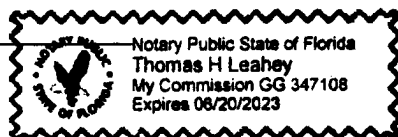
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of February 2020 by Ofc. ANDREW FLINK

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

Personally Known

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



SUBJECT: HIGGINS, EVELYN,

CASE NUMBER 20001336

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:

Vertical Gaze Nystagmus was observed in both eyes. Higgins had to be told multiple times to follow the instructions. Higgins was also swaying back and forth while balancing. This Officer observed six out of six indicators of possible impairment.

WALK & TURN:

During the instructions, Higgins stepped off the line more than once and did not remain in the starting position as instructed. Higgins also started the exercise prior to being told to do so. During the first set of steps, Higgins missed heel-to-toe multiple times and took eight steps rather than nine as instructed. Higgins also conducted an improper turnaround by not leaving her front foot planted. On the return set, Higgins missed heel-to-toe multiple times. This officer observed five out of eight indicators of possible impairment.

ONE LEG STAND:

During the exercise, Higgins raised her left leg. Higgins swayed while balancing. Higgins also raised her right arm more than six inches from her side. Higgins also placed her foot down multiple times prior to being told to do so. This Officer observed three out of four indicators of possible impairment.

ROMBERG ALPHABET:

Not conducted

FINGER TO NOSE:

Not conducted

BREATH TEST RESULTS: 1) ref 2) ref 3) - 4) -

STATE OF FLORIDA
COUNTY OF PALM BEACH

Signature of Arresting/Investigative Officer

The foregoing instrument was sworn to or affirmed and subscribed before me this 28th day of February 2020 by Ofc. ANDREW FLINK

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

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



NOT A CERTIFIED COPY



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

PBSO CASE # 20-043762 PBSO ZONE 3-13

AGENCY CASE # 20001336 CRASH CASE # _____

TIME OF STOP/CRASH 2326 DATE 02/28/2020 DAY FRIDAY

SUBJECT'S NAME HIGGINS EVELYN RACE W SEX F
LAST FIRST MID
 HGT 5'7 WGT _____ DOB 05/17/1960

LOCATION 7000 FAIRWAY DR, PBG, FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 00:20

ARREST TIME 23:35

BREATH RESULTS:

1) **REFUSED**
 3) _____
 4) _____

BREATH TEST OPERATOR: 19183

SCANNED

MAR 01 2020

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

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 28TH day of FEBRUARY, 20 20, at 23:35 P.M. A.M.

DRIVER EVELYN HIGGINS
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H252200606771, state of FL, was placed under lawful arrest for
the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and
issued Citation # A56H8IE
(Name of Arresting Officer)

That on or about the 29TH day of FEBRUARY, 20 20, at 0044 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]
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 this 28th day of February, 20 20,
by Ofc. ANDREW FLINK,
who is personally known to me or who has produced
Personally Known as identification

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer
Title
Date 02/29/2020

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.

SCANNED
Notary Public [Signature]
MAR 01 2020
HSMV-BAR1001 (REV. 10/2016)

TESTING FACILITY TASK REPORT

AGENCY: P86

SUBJECT: Higgins, Evelyn CASE NUMBER: 20-043762

DATE: 02/29/2020 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 00:41 ENDING TIME: 00:44

BREATH TESTS RESULTS: 1) R TIME 00:44 (A.M./P.M.) 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: T. Leakey # 1913

MAINTENANCE TECHNICIAN: J. K. Locke # 1467

TESTING OFFICER'S OBSERVATIONS

SPEECH: firm, deliberate

ATTITUDE: calm, composed

CLOTHING: white pants, coral shirt, gray sweater, blue shoes

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER: eyes glassy, bloodshot
she is wearing a helmet, no breath

COMMENTS: arrived at center 00:20, conducted 20 minute
observation period at 00:20 hrs

she refused to perform breath test

A read ILC + A stated she understood ILC

A refused to perform breath test

A did not read rights

A requested a Harney

4/5 SCANNED through Q+A

MAR 01 2020

REFUSED

REFUSED

SUBJECT: Higgins, Evelyn 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 Officer Flink #514 of the PCG

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) Did not Read on camera

SUBJECT: Higgins, Evelyn 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: _____

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



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: 2020006843	Date: 02/29/2020
	Specialist Name/ID: T Howard/7185

SCANNED
MAR 01 2020