

07998425

20CT8731ASB

2231

ARREST / NOTICE TO APPEAR

ADVISOR	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 4, 0 20-009835	1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1	JUVENILE				
CHARGE	Charge Type Check as many as apply <input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	<input type="checkbox"/> 1 Felony <input type="checkbox"/> 2 Traffic Felony <input type="checkbox"/> 3 Misdemeanor <input type="checkbox"/> 4 Traffic Misdemeanor	Warrant / Capias Number None/not Applicable	Multiple Clearance Indicator 1				
ARREST	Location of Arrest (Including Name of Business) 718 GEORGE BUSH BLVD DELRAY BEACH FL		Location of Offense (Business Name, Address) 718 GEORGE BUSH BLVD, DELRAY BEACH, FL 33483								
DATE	Date of Arrest 07/20/2020	Time of Arrest 01:18	Booking Date 07/20/2020	Booking Time 01:28	Jail Date	Jail Time	Location of Vehicle				
DEFENDANT	Name (Last, First, Middle) CANNON, JAMES DINGMAN		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
IDENTIFICATION	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex M	Date of Birth 05/05/1965	Height 6'00	Weight 180	Eye Color HAZEL	Hair Color BROWN	Complexion FAIR	Build MEDIUM	
RESIDENCE	Local Address (Street, Apt. Number) 348 NW 7TH ST, DELRAY BEACH, FL 33444		(City)	(State)	(Zip)	Phone (561) 990-6345	Indication of: Alcohol Intoxication Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State 1		
CONTACT	Permanent Address (Street, Apt. Number) 348 NW 7TH ST, DELRAY BEACH, FL 33444		(City)	(State)	(Zip)	Phone (561) 990-6345	Address Source VERBAL		Occupation Delivery Dudes		
IDENTIFICATION	DL Number, State C550 / FL	Soc. Sec. Number	INS Number	Place of Birth (City, State) LAKE FOREST, IL		Citizenship US					
DEFENDANT	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					
DEFENDANT	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	Name (Last, First, Middle)		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone			
NOTIFIED	Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Intercepted						
RELEASED	Released To: (Name)		Relationship	Date	Time						
PROPERTY	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	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property						
DRUGS	Drug Activity N. N/A P. Possess	S. Soil D. Deliver T. Traffic	R. Struggle O. Deliver E. Use	K. Dispenser/ Diarrhoea	M. Manufacturer/ Practice/ 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. Synthetic	U. Unknown Z. Other
CHARGE	Change Description DRIVING WHILE UNDER INFLUENCE		Status Violation Number 316.193(1)(A)		Violation of ORD #						
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Bond OR			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Bond			
CHARGE	Drug Activity	Drug Type	Amount / Unit	Offense #	Courts	Domestic Violence	Warrant / Capias Number	Bond			
HEALTH	Health / Apparent Physical Condition of Defendant		Any knowledge of the following Explain: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries								
TRANSPORT	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health		<input checked="" type="checkbox"/> T.O.T. County Jail		PROPERTY - Received By		Released By		Released To		
TRANSPORT	Transported By		Date Transported	Time Transported	Other						
INSTRUCTIONS	<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) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 08/10/2020 08:30:00		No Photo Available				
AGREEMENT	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	Signature of Defendant (or Juvenile and Parent/Custodian)					Date Signed					
HOLD	HOLD For Other Agency		Signature of Arresting Officer		Name Verification (Printed by Arrestee)		JUL 20 AM 3:29				
AGENCY	<input type="checkbox"/> Dangerous <input type="checkbox"/> Societal		<input type="checkbox"/> Released Arrest <input type="checkbox"/> Other		Name of Arresting Officer (Print) BONET, LUIS C		I.D.# 1148		(PRINT)		
AGENCY	Transporting Officer DS Collins 7682		I.D.# 1148		Agency DELRA		PAGE 1 OF 1		Witness here if subject signed with an "X"		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 20 DAY OF July 2020, AT 0102 AM PM
SUBJECT: James Cannon CASE NUMBER: 20-009835
AGENCY: Delray Beach PD ARRESTING OFFICER: Ofc. Luis Bonet 1148

PERSONAL CONTACT

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

On July 20th, 2020, while conducting an extra patrol at 718 George Bush Blvd, 711, I observed a gray Jeep (FL Tag RMK377) attempt to park and completely run over the parking block and his the walkway entrance of 711. The Jeep then reversed over the parking block. I made contact with driver, James Cannon, to conduct a welfare check and make sure that he was alright and not having a medical episode. Cannon was in the driver seat and the sole occupant of the vehicle.

OBSERVATION OF DRIVER:

Cannon appeared impaired, had slurred and mumbled speech, had glassy and droopy eyes. When I asked Cannon for some paperwork he began fumbling around for paperwork and was unable to provide me with a registration. Cannon took a wide stance when he exited the vehicle to maintain his balance.

DRIVER'S STATEMENTS:

Cannon stated that he had one cocktail to drink and when asked where he was coming from he began giving numbers and was not making sense. Cannon stated that he took Keppra during the evening hours at it is his medication for seizures.

ODORS:

Cannon had to odor of an unknown alcoholic beverage emanating from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Mumbled
ATTITUDE: Polite
CLOTHING: Blue Shirt and Beige Shorts
MEDICAL/OTHER: Keppra

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July 2020 by Ofc. Luis Bonet

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

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



NOTARIZED COPY

SUBJECT: James Cannon

CASE NUMBER 20-009835

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:

Swaying during tasks and nearly fell down.

WALK & TURN:

Cannon was so unsteady on his feet that while I was trying to get him in the starting position he nearly fell twice. Due to the risk of Cannon getting hurt I ceased the task.

ONE LEG STAND:

Cannon was unable to hold his leg up for more than one second and placed his leg down three times.

FINGER TO NOSE:

Cannon did not touch the tip of his nose at any point during the exercise and lifted his left hand when I directed right hand.

ROMBERG ALPHABET:

Cannon counted from 20-46. While counting he counted 24 twice and also counted 27 twice while keeping his eyes open and not listening to instructions.

BREATH TEST RESULTS: 1) .142 2) .145 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature]
Signature of Arresting Investigative Officer

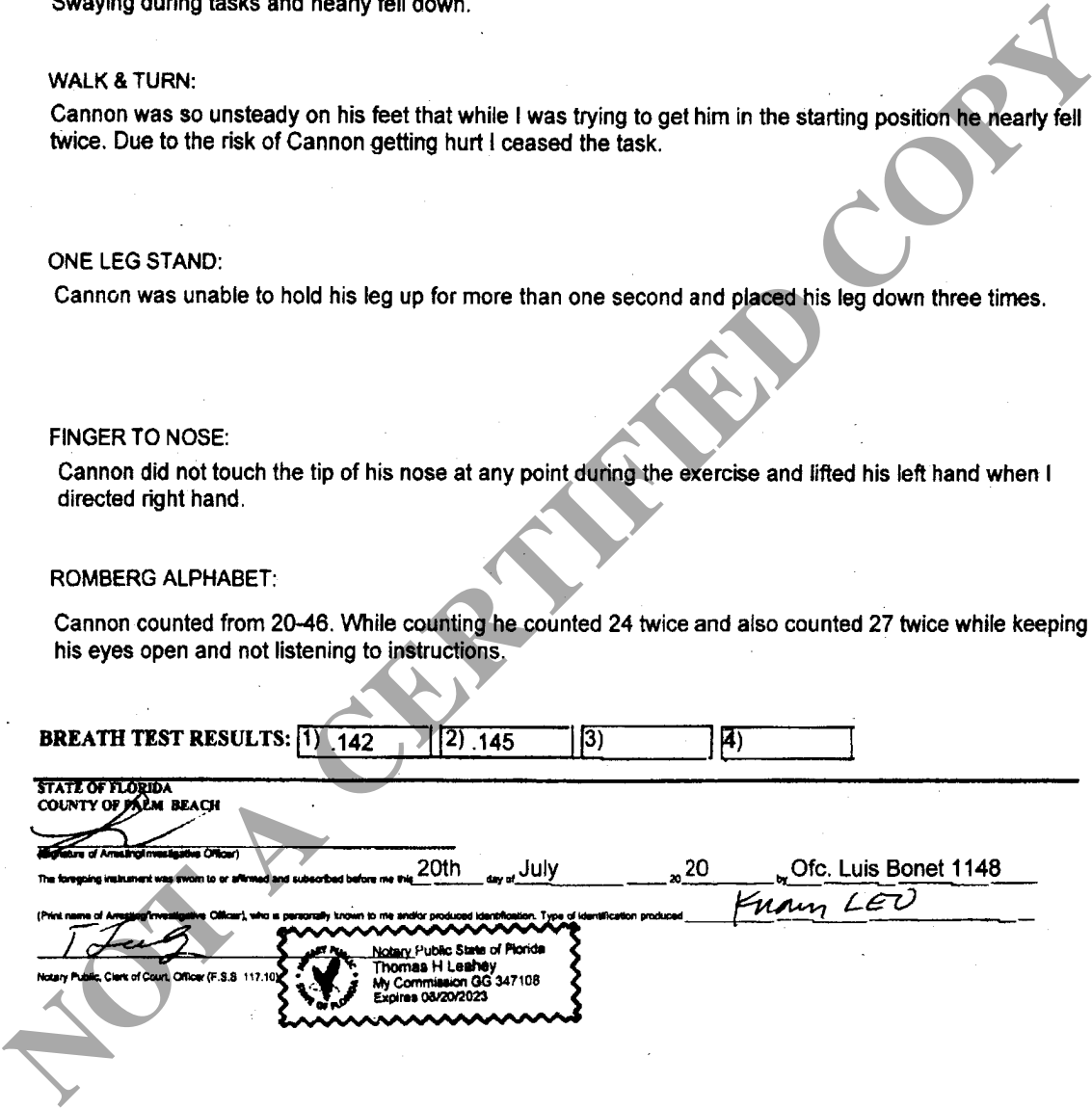
The foregoing instrument was sworn to or affirmed and subscribed before me this 20th day of July 20 by Ofc. Luis Bonet 1148

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

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



KNOW LED



NAME: James D. [unclear] CALL NUMBER: _____

WRITTEN CONSENT TO TEST IN A MOTOR VEHICLE

I hereby consent to the collection of a sample of my BLOOD for the purpose of detecting the presence or absence of controlled substances.

OR

I am now consenting that you submit a sample of my BLOOD for the purpose of detecting the presence or absence of controlled substances.

OR

I am now consenting that you submit a sample of my BLOOD for the purpose of detecting the presence or absence of controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT UNDERSTAND THIS DOCUMENT.

I am John Bonet #1142 of the DARD

When you stop me for the test I have consented to, your failure to observe a proper procedure will be considered a violation of my rights. If you fail to observe a proper procedure, I may request that the test be stopped. If you refuse, I may request that the test be stopped. If you refuse, I may request that the test be stopped. If you refuse, I may request that the test be stopped.

SUBJECT'S SIGNATURE: John Bonet

CONSTITUTIONAL WARNINGS

YOU HAVE THE RIGHT TO REMAIN SILENT. ANY STATEMENTS THAT YOU MAKE WILL BE USED AGAINST YOU IN COURT.

- 1. You have the right to remain silent and not answer any questions.
- 2. Anything you say can be used against you in court.
- 3. You have the right to stop answering questions at any time. You do not have to answer any questions until you talk to a lawyer for advice before we question you and during questioning.
- 4. If you cannot afford a lawyer, one will be appointed for you before any questioning if you cannot afford one.
- 5. Anything you say can be used against you in court.
- 6. You will be allowed to stop answering questions at any time. You do not have to answer any questions until you talk to a lawyer for advice before we question you and during questioning.
- 7. Anything you say can be used against you in a court of law.

OFFICER'S SIGNATURE: [Signature]

DATE: _____ TIME: _____

NAME: William James D

CASE NUMBER: _____

QUESTIONS AND ANSWERS

PLEASE PRINT OR TYPE YOUR NAME AND ADDRESS AND THESE RIGHTS BEFORE YOU SIGN AND ANSWER THE FOLLOWING QUESTIONS.

WERE YOU SIGNING A MOTOR VEHICLE OR TRAILER REGISTRATION OR STORAGE AGREEMENT?
WHEN WERE YOU SIGNING?

WHAT TIME DID YOU SIGN?
WHERE DID YOU SIGN?

WHAT TIME IS IT NOW?
WHAT DAY OF THE WEEK IS IT?

WHAT COUNTY AND CITY ARE YOU IN?
WHEN DID YOU LAST EAT?

WHAT DID YOU EAT?

WHAT HAVE YOU BEEN DOING FOR THE LAST SEVERAL HOURS?

HOW MUCH DID YOU WEIGH? HAVE YOU BEEN DRINKING? WHEN?

WHAT DRINK? WITH WHOM?

WHEN DID YOU HAVE YOUR FIRST DRINK? AND YOUR LAST DRINK?

HOW DID YOU FEEL AFTER YOUR LAST DRINK?

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? ARE YOU UNDER THE INFLUENCE?

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? FROM WHERE?

WHAT? WHEN? WHAT?

HOW MANY TIMES HAVE YOU BEEN IN AN ACCIDENT? WHEN DID YOU LAST HAVE AN ACCIDENT?

WHAT WERE THE PHYSICAL ASPECTS OF THE ACCIDENT? WHAT?

WERE YOU OR ANYONE INJURED? WHAT'S WRONG?

DO YOU LIMP? DID YOU SUFFER A BLOW TO THE HEAD RECENTLY?

WERE YOU IN AN ACCIDENT TODAY?

HOW MANY TIMES AND UNDER WHAT CIRCUMSTANCES WERE YOU IN AN ACCIDENT TODAY? WHEN?

WAS THERE A PERSON IN THE CAR WITH YOU? WHAT?

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? WHAT? WHEN?

- DO YOU HAVE:
- HEARSAY? _____
 - GLASS EYE? _____
 - FAKE TEETH? _____
 - FAKE FINGERPRINTS? _____
 - FAKE SCARS? _____
 - FAKE TATTOOS? _____

DO YOU WEAR CONTACT LENSES OR GLASSES THAT ARE NON-CORRECTED OR PLASTIC?

IF SO, WHEN WAS YOUR LAST INJECTION?

DO YOU HAVE A DRIVER'S LICENSE? WHEN?

INTERVIEWER: _____

DATE: _____ TIME: _____

TESTING FACILITY TASK REPORT

AGENCY:

SUBJECT: CASE NUMBER:

DATE: VIDEO DVD NUMBER:

BEGINNING TIME: ENDING TIME:

BREATH TESTS RESULTS: 1) TIME A.M. P.M. 2) TIME A.M. P.M.

3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR:

MAINTENANCE TECHNICIAN:

TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE:

CLOTHING:

MEDICAL CONDITIONS:

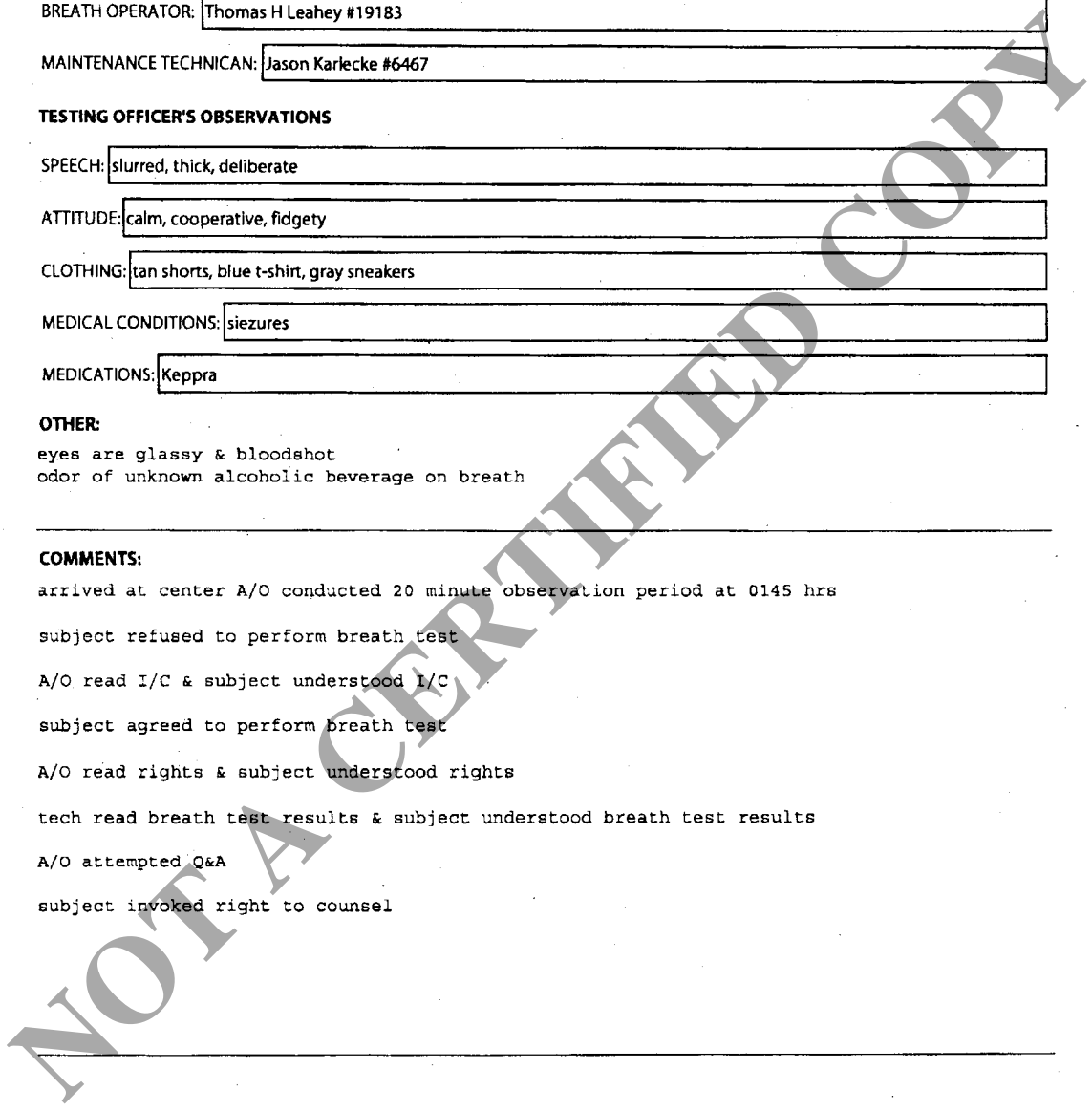
MEDICATIONS:

OTHER:

eyes are glassy & bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS:

arrived at center A/O conducted 20 minute observation period at 0145 hrs
subject refused to perform breath test
A/O read I/C & subject understood I/C
subject agreed to perform breath test
A/O read rights & subject understood rights
tech read breath test results & subject understood breath test results
A/O attempted Q&A
subject invoked right to counsel



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: 07/20/2020

Date of Last Agency Inspection: 07/17/2020
Observation Period Began: 01:45
Subject's Name: JAMES D CANNON

DOB: 05/05/1065 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	02:12
	Air Blank	0.000	02:13
	Control Test	0.080	02:13
	Air Blank	0.000	02:14
	Subject Sample #1	0.142	02:16
	Air Blank	0.000	02:17
	Air Blank	0.000	02:18
	Subject Sample #2	0.145	02:19
	Air Blank	0.000	02:20
	Control Test	0.077	02:21
	Air Blank	0.000	02:21
	Diagnostics Check	OK	02:21

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:

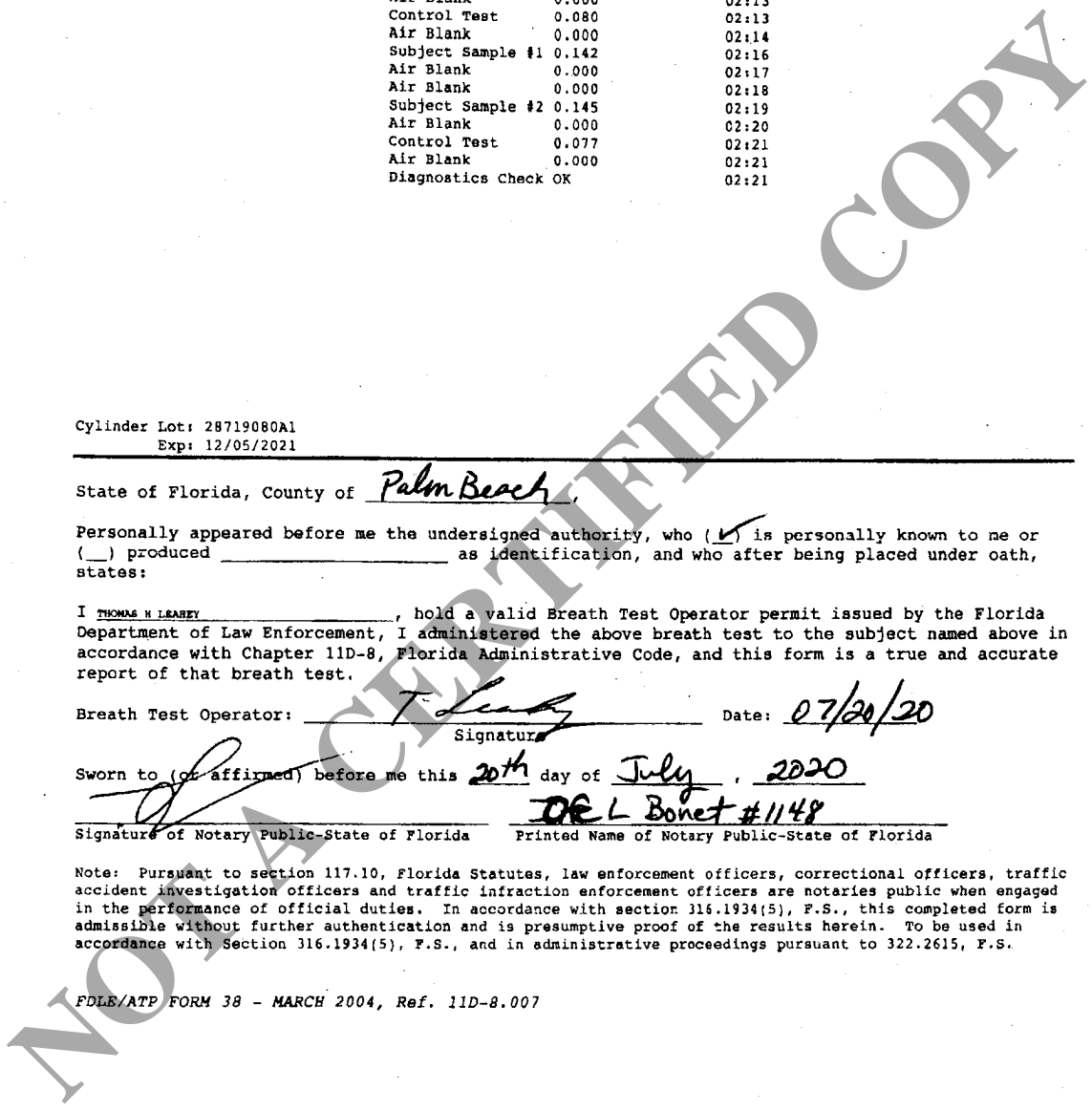
I THOMAS M LEAHY, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: T Leahy Date: 07/20/20
Signature

Sworn to (or affirmed) before me this 20th day of July, 2020

Signature of Notary Public-State of Florida DE L Bonet #1148
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
8/11/2020



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

PBSO CASE # 20-089190 PBSO ZONE 4-11

AGENCY CASE # 20-9835 CRASH CASE # _____

TIME OF STOP/CRASH 01:02 DATE 07/20/20 DAY Monday

SUBJECT'S NAME James Cannon RACE W SEX M

HGT 6'01" WGT 180 lbs DOB 5/5/65

LOCATION 718 George Bush Blvd.

ARRESTING OFFICER'S NAME & ID Bond 1148 AGENCY Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO yes

ARRIVAL AT FACILITY 0145

Arrest Time 0118 hrs

BREATH RESULTS:

1. .142
2. .145
3. N/A
4. N/A

TESTING OFFICER'S ID. 19183

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 20-00835

ARRESTING OFFICER: Ofc. Luis Bonet 1148
 ADDRESS: 300 W Atlantic Ave Delray Beach FL
 PHONE NUMBERS (HOME): _____ (WORK) 561-243-7800
 CAN TESTIFY TO: DUI and Initial Stop

NAME: _____
 ADDRESS: _____
 PHONE NUMBERS (HOME) _____ (WORK) _____
 CAN TESTIFY TO: _____

NAME: _____
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 PHONE NUMBERS (HOME) _____ (WORK) _____
 CAN TESTIFY TO: _____

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 CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

11/17/2020



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: 2020017328	Date: 7/20/2020
	Specialist Name/ID: Gammage/5660