

0232179

21CT 3546AMB

# 3209

ARREST / NOTICE TO APPEAR

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>0500800</b>		Agency Name <b>West Palm Beach Police Department</b>		Agency Report Number (N.T.A.'s only) <b>9   4   2021-0003415</b>	
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"/> 5. Ordinance	<input type="checkbox"/> 6. Other
Location of Arrest (Including Name of Precinct) <b>24TH ST/N DIXIE HWY, WPB, FL</b>				Location of Offense (Business Name, Address) <b>400 24TH ST/N DIXIE HWY, WEST PALM BEACH, FL 33401</b>		
Date of Arrest <b>03/04/2021</b>	Time of Arrest <b>18:42</b>	Booking Date <b>03/04/2021</b>	Booking Time <b>18:52</b>	Jail Date	Jail Time	Location of Vehicle
Name (Last, First, Middle) <b>JOHNSON, KEITH ALLAN</b>			Alias:			
Race W - White B - Black O - Asian	I - American Indian A - Asian	Sex <b>W</b>	Date of Birth <b>11/30/1974</b>	Height <b>6'02</b>	Weight <b>220</b>	Eye Color <b>BROWN</b>
Sons, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>S</b>	Religion	Complexion <b>LIGHT</b>	Build <b>Large</b>	Indication of: Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
Local Address (Street, Apt. Number) <b>316 GOLF RD, WEST PALM BEACH, FL 33407</b>		(City)	(State)	(Zip)	Home Phone <b>(561) 201-3649</b>	
Permanent Address (Street, Apt. Number) <b>316 GOLF RD, WEST PALM BEACH, FL 33407</b>		(City)	(State)	(Zip)	Mobile Phone	
Business Address (Name, Street)		(City)	(State)	(Zip)	Work Phone	
DL Number, State <b>J525501744300 / FL</b>		Exp. Date	INS Number		Place of Birth (City, State) <b>MIAMI, FL, United</b>	
Citizenship <b>US</b>		Date of Birth				
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth		
<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____		Name (Last, First, Middle)			Residence Phone	
<input type="checkbox"/> Legal Custodian		Address (Street, Apt. Number)			Business Phone	
Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone	
Notified by: (Name)		Date	Time	JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated		
Released To: (Name)		Relationship	Date	Time		
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
<input type="checkbox"/> Yes, by: <input type="checkbox"/> No		Property Crime? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property <b>LIGHT POLE</b>		Value of Property <b>\$4,000</b>
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. Synthetic	U. Unknown Z. Other
Charge Description <b>DUI PROPERTY DAMAGE</b>		Statute Violation Number <b>316.193(3C1)</b>		Violation of ORD # <b>316.193(1)(3)(A)(1)</b>		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Warrant / Citations Number
Charge Description		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Citations Number
Charge Description		Statute Violation Number		Violation of ORD #		
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant / Citations Number
Health / Apparent Physical Condition of Defendant				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries		
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail				PROPERTY - Received By <b>OFC E HOWARD</b>		
Transported By <b>OFC E HOWARD</b>				Released By <b>OFC E HOWARD</b>		Released To <b>PBC JAIL</b>
<input checked="" type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court		<input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court		Location (Court, Room) <b>Criminal Justice CRIMINAL JUSTICE COMPLEX</b>		
but must comply with instructions on Page 2.				Court Date and Time <b>04/08/2021 08:30:00</b>		
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.				No Photo Available		
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed		
I CONSENT TO RECEIVE REMINDERS OF COURT DATE(S) AND TIMES FOR THIS CASE BY TEXT MESSAGE TO THE NUMBER IDENTIFIED HERE. I UNDERSTAND THAT STANDARD TEXT MESSAGE RATES MAY APPLY AND THAT I MAY REVOKE THIS CONSENT VIA THE TEXT MESSAGE SYSTEM IF I CHOOSE.				(561) 201-3649		
HOLD for Other Agency		Signature of Arresting Officer <b>ECH #2201</b>		Name Verification (Printed by Arrestee)		
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Socialial <input type="checkbox"/> Other		Name of Arresting Officer (Print) <b>HOWARD, EDWARD</b>		(PRINT)		
Intake Deputy <b>[Signature]</b>	ID #	Pouch #	Transporting Officer <b>OFC E HOWARD</b>	ID # <b>2201</b>	Agency <b>WPB</b>	PAGE <b>1 of 1</b>

MAR 05 2021

# DUI PROBABLE CAUSE AFFIDAVIT

On the 4th Day of March at 1842 A.M. P.M.

Subject: Keith Johnson

Case Number: 2021-3415

Agency: West Palm Beach Police Department

Arresting Officer: Ofc. E Howard #2201

## Personal Contact

### Driving Pattern

Actual physical control (physical evidence putting the driver behind the wheel)

A 2008 Black Cadillac was driving eastbound on 24th Street. As a Black Dodge Van was driving southbound on N Dixie Hwy, the Cadillac attempted to speed up, which then struck the Dodge Van. It was in such force the Cadillac spun around and struck a nearby electrical pole.

Ofc. Ferrera arrived on scene and made contact with the driver. He was still behind the steering wheel in the driver seat and in actual physical control of the vehicle. The driver was the sole occupant of the vehicle.

### Observation of Driver

The driver had slurred speech. The driver had reddened and glassy eyes, with a blank stare while talking to me. The driver needed to lean on a nearby tree while speaking to me, and needed to be asked multiple times to get off of it. The driver was swaying while he was standing up.

### Drivers Statements:

(Post Miranda) The driver stated he was driving on some street. The driver was unable to tell me where he was coming from. I needed to repeat questions multiple times before the driver was able to answer me. The driver stated he did not receive any injuries from the crash. The driver stated he was not diabetic and does not take insulin. The driver stated he takes medication daily for High Blood Pressure, and he took it this morning. The driver stated he did not drink any alcoholic beverages or take any other drugs.

### Odors:

An strong odor of an unknown alcoholic beverage could be smelled emanating from the driver, which grew stronger the more he spoke with me.

## General Observations

**Speech:** Slurred.

**Attitude:** Un-cooperative

**Clothing:** White t-shirt, gray pants, black shoes.

**Medical Problems/Medications:** Lystolic for Hypertension.

**Other:** The driver was advised the crash investigation had been completed, and now an investigation into possibly driving under the influence was beginning. The driver was read his Miranda Rights. The driver refused to participate in SFTS's and was read Taylor Warnings. The driver still refused.

# DUI PROBABLE CAUSE AFFIDAVIT

Subject: Keith Johnson Case Number: 2021-3415

## Roadside Tasks

**Horizontal Gaze Nystagmus**

<input type="checkbox"/> Left Eye Does Not Follow Smoothly	<input type="checkbox"/> Right Eye Does Not Follow Smoothly
<input type="checkbox"/> Left Eye Jerks at 45 Degree Angle or Less	<input type="checkbox"/> Right Eye Jerks at 45 Degree Angle or Less
<input type="checkbox"/> Distinct Jerking Left Eye at Maximum Deviation	<input type="checkbox"/> Distinct Jerking Right Eye at Maximum Deviation

The driver refused to participate in SFST's.

**Walk and Turn Task**

The driver refused to participate in SFST's.

**One Leg Stand**

The driver refused to participate in SFST's.

**Finger To Nose**

The driver refused to participate in SFST's.

**Romberg Balance**

The driver refused to participate in SFST's.

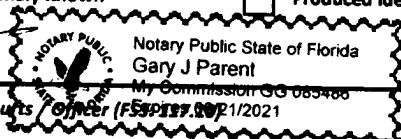
## Breath Results from Instrument

1st Result **Refused** 2nd Result  3rd Result   
If Applicable

State of Florida  
County of Palm Beach

The Following Instrument was notarized or sworn before me this 03/04/21 (DATE)

Personally Known  Produced Identification  Notary Public



EGH #2201  
Signature of Arresting Officer

Notary / Clerk of Courts

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

I, Officer Edward Howard, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

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

or affirm that on or about the 4th day of March, 20 21, at 1842  P.M.  A.M.

DRIVER Keith Allan Johnson  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# J525-501-74-430-0, state of Florida, was placed under lawful arrest for

the offense of Driving Under the Influence by Officer Edward Howard and  
(Name of Arresting Officer)

issued Citation # AC6QR9E

That on or about the 4th day of March, 20 21, at 1936  P.M.  A.M.

in Palm Beach County,

I requested that the driver submit to a 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.

EH #2201  
Signature of Law Enforcement Officer or  
Correctional Officer

**THE AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)**



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before  
me this 4th day of March, 20 21,

by Officer Edward Howard,

who is personally known to me or who has produced  
[Signature] as identification

Notary Public \_\_\_\_\_

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

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.



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

PBSO CASE # 21-041784 PBSO ZONE 3-21

AGENCY CASE # 2021-3415 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 1810 DATE 3/4/21 DAY Thursday

SUBJECT'S NAME Keith Johnson RACE W SEX M

HGT 6'1 WGT 212 DOB 11/30/74

LOCATION 24th St / Dixie Hwy

ARRESTING OFFICER'S NAME & ID Edward Howard #2201 AGENCY WPB

DIVISION: Patrol

NOTIFIED BY COMMO WALK-IN

ARRIVAL AT FACILITY 1912

Arrest Time 1842

BREATH RESULTS:

1. **REFUSED**
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

TESTING OFFICER'S ID 7909

NOT A CERTIFIED COPY

# TESTING FACILITY TASK REPORT

AGENCY: WPPD

SUBJECT: Johnson, Keith A. CASE NUMBER: 21-041784

DATE: 03/04/2021 VIDEO DVD NUMBER: N/A

BEGINNING TIME: 1935 ENDING TIME: 1938

BREATH TESTS RESULTS: 1) Refuse TIME 1936 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: G. Parent #7909

MAINTENANCE TECHNICIAN: J. Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Soft spoken.

ATTITUDE: Calm, quiet, vague, cooperative.

CLOTHING: Gray cargo shorts, L/S gray t-shirt, black sneakers.

MEDICAL CONDITIONS: Hyper tension.

MEDICATIONS: Bistic, one other name unknown.

## OTHER:

Eyes glassy. Unsteady on feet.

**REFUSED**

## COMMENTS:

Arrived at Center A/O began the 20 minute observation at 1912 hrs..

Subject would not answer camera format questions and stated no to taking test.

A/O read I/C.

Subject stated he understood I/C and refused to take test.

A/O read rights.

Subject stated he understood rights.

A/O attempted Q&A.

Subject declined answering questions.

**REFUSED**

SUBJECT: Johnson, Kenneth 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) Richard C. Jones

**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) Richard C. Jones

SUBJECT: James A. ... 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: \_\_\_\_\_



**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: 2021005466	Date: 3/5/21
	Specialist Name/ID: A. Pinkney/7796