

0574001

996 20CT780 SB

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4 0 20-000757		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		If Weapon Seized Enter Type None/not Applicable		Multiple Citations Indicator 1	
	Location of Arrest (Including Name of Business) 500 NE 5TH AVE DELRAY BEACH FL				Location of Offense (Business Name, Address) 500 NE 5TH AVE BLK, DELRAY BEACH, FL 33483								
	Date of Arrest 01/14/2020	Time of Arrest 02:43	Booking Date 01/14/2020	Booking Time 02:53	Jail Date	Jail Time	Location of Vehicle						
	Name (Last, First, Middle) MACE, NATALIE ANN				Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White B - Black	I - American Indian O - Oriental/Asian	Sex F	Date of Birth 10/21/1993	Height 5'01	Weight 115	Eyes Color BROWN	Hair Color BROWN	Complexion FAIR	Build SMALL	Marital Status M		Religion NOT INDICA
	Local Address (Street, Apt. Number) 406 BELMONT PL, BOYNTON BEACH, FL 33436				(City)		(State)		(Zip)		Phone (845) 558-6822		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
	Permanent Address (Street, Apt. Number) 406 BELMONT PL, BOYNTON BEACH, FL 33436				(City)		(State)		(Zip)		Phone (845) 558-6822		Residence Type: 1. City 2. County 3. Florida 4. Out of State 5. Juvenile 2
	Business Address (Name, Street)				(City)		(State)		(Zip)		Phone		Occupation Hostess
	DL Number, State M200621938810 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) MANHATTEN, NY,		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"/> Other: _____ Name (Last, First, Middle) <input type="checkbox"/> Legal Custodian Address (Street, Apt. Number) (City) (State) (Zip) Residence Phone Business Phone Notified by: (Name) Date Time 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. <input type="checkbox"/> Yes, by: <input type="checkbox"/> No: _____ School Attended Grade Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Description of Property Value of Property												
	Drug Activity: S. Sell, R. Smuggle, K. Dispense/Distribute, M. Manufacture/Produce/Cultivate, Z. Other N. Buy, D. Deliver, E. Use P. Possess, T. Traffic 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: DRIVING WHILE UNDER INFLUENCE Drug Activity: N Drug Type: N Amount / Unit: / Offense #: / Counts: I Domestic Violence: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N Warrant / Citrus Number: 316.193(1) State Violation Number: 316.193(1) Violation of ORD #: / Bond:												
	Charge Description: / State Violation Number: / Violation of ORD #: / Bond:												
	Charge Description: / State Violation Number: / Violation of ORD #: / Bond:												
	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 Explain:												
	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 <input type="checkbox"/> PROPERTY - Received By _____ Released By _____ Released To _____ <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health												
	Transported By				Date Transported	Time Transported	Other JAN 14 AM 5:06						
	<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 02/10/2020 08:30:00				
	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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.												
	Signature of Defendant (or Juvenile and Parent/Custodian)						Date Signed						
	HOLD for Other Agency				Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Related Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) BONET, LUIS C				(PRINT)				
	Inmate Deputy JANN 8101				Transferring Officer BONET				ID.# 1148 DELRA				
	Witness here if subject signed with an "X".												

No Photo Available

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 14th DAY OF January 20 20 AT 0219 AM PM

SUBJECT: Natalie Mace CASE NUMBER: 20-000757

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 January 14th, 2020, Ofc. Mintus and Pimental observed a beige Hyundai Elantra (FL Tag 083QUS) traveling at a high rate of speed traveling northbound on SE 6th Ave. The Hyundai slammed on its brakes to stop it from crashing into a vehicle in front of it. Ofc. Mintus went to go catch up to the vehicle and eventually caught up to it in the 700-BLK of NE 6th Ave where he observed the vehicle failing to maintain a lane and make wide left turn onto George Bush Blvd and then another wide left turn onto NE 5th Ave. The Hyundai also nearly struck the curbs numerous times for failing to maintain it's lane. Ofc. Mintus conducted a traffic stop due to the signs of impairment and made contact with the driver and sole occupant, Natalie Mace. (please refer to Ofc. Mintus' and Pimental's supplement) I responded out to conduct a DUI investigation.

OBSERVATION OF DRIVER:

Mace appeared impaired, had slurred and mumbled speech, was unable to follow simple instructions of staying in the car, had bloodshot and glassy eyes, and when asked to step out of the vehicle nearly fell due to her unsteadiness.

DRIVER'S STATEMENTS:

Mace stated that she had a drink when she was leaving work as her boss had bought all employees drinks.

ODORS:

Mace had the odor of an unknown alcoholic beverage emanating from her person.

GENERAL OBSERVATIONS

SPEECH: Slurred and Mumbled

ATTITUDE: Crying and Asking questions

CLOTHING: Black Shirt, black leggings, and black boots

MEDICAL/OTHER: N/A

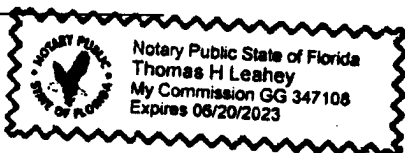
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 14th day of January 20 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 _____

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



SUBJECT: Natalie Mace

CASE NUMBER 20-000757

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:

Mace did not keep her head still even though asked numerous times. I was unable to determine nystagmus at max deviation due to this. Mace also was swaying repeatably during the task.

WALK & TURN:

Mace was unable to complete the task as she was so unsteady on her feet that she presented a harm to herself.

ONE LEG STAND:

Mace raised one leg and then an adjacent arm when conducting the exercise even though never told to raise her arm. Mace put her foot down three times during the task. Mace was swaying during the exercise as well.

FINGER TO NOSE:

Mace did not keep her eyes closed as instructed and also put her head down to help touch her nose. Mace still did not touch her nose 3 out of the six times. Mace began to raise her left hand when instructed to raise her right hand.

ROMBERG ALPHABET:

Mace counted correctly from 20-46 but did not close her eyes even though instructed and also lowered her head. Mace was swaying during the exercise as well.

BREATH TEST RESULTS: 1) .232 2) .246 3) 4)

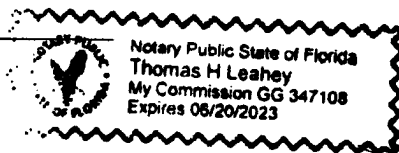
STATE OF FLORIDA
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(Signature of Arresting/Investigative Officer)

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

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



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: 80-006029 Software: 8100.27
Date of Test: 01/14/2020

Date of Last Agency Inspection: 12/06/2019
Observation Period Began: 03:20
Subject's Name: NATALIE A MACE

DOB: 10/21/1993 Sex: F

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	03:45
	Air Blank	0.000	03:45
	Control Test	0.081	03:45
	Air Blank	0.000	03:46
	Subject Sample #1	0.232	03:46
	Air Blank	0.000	03:47
	Air Blank	0.000	03:49
	Subject Sample #2	0.246	03:50
	Air Blank	0.000	03:51
	Control Test	0.080	03:51
	Air Blank	0.000	03:51
	Diagnostics Check	OK	03:51

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 H 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: 01/14/2020
Signature

Sworn to (or affirmed) before me this 14th day of January, 2020
[Signature] Ofc L Bonet 1149 DBPD
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.



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

PBSO CASE # 20-025939 PBSO ZONE 4-11

AGENCY CASE # 20-000757 CRASH CASE # _____

TIME OF STOP/CRASH 0219 DATE 11/14/2020 DAY Tuesday

SUBJECT'S NAME Natalia Mace RACE W SEX F

HGT 5'01" WGT 115 DOB 10/21/93

LOCATION 300-Blk NE 5th Ave Delray Beach FL

ARRESTING OFFICER'S NAME & ID Borez 1149 AGENCY Delray Beach

DIVISION: Road Patrol

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0320

Arrest Time ~~0220~~ 0243

BREATH RESULTS:

- 1. .232
- 2. .246
- 3. N/A
- 4. N/A

TESTING OFFICER'S ID 19183

NOT A CERTIFIED

TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: Mace, Natalie A

CASE NUMBER: 20-025939

DATE: 01/14/2020

VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:42

ENDING TIME: 03:55

BREATH TESTS RESULTS: 1) .232 TIME 03:46 (M)/P.M. 2) .246 TIME 03:50 (M)/P.M.
3) N/A TIME --- A.M./P.M. 4) N/A TIME --- A.M./P.M.

BREATH OPERATOR: T. Leakey #19183

MAINTENANCE TECHNICIAN: J Karlocke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: spurred, flink

ATTITUDE: upset, fidgety, talkative

CLOTHING: black pants, black top, black boots

MEDICAL CONDITIONS: none depression

MEDICATIONS: none prozac

OTHER: eyes glassy + bloodshot
odor of unknown alcoholic beverage on breath

COMMENTS: arrived at center A/O conducted 30 minute
observation period at 03:20 hrs

A agreed to perform breath test

Tech read breath test results and A stated she understood
breath test results.

A/O read rights + A stated she understood rights

A/O attempted O+A

A declined to answer questions

.232

SUBJECT: Mace, Natalie A 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) Cent on camera

SUBJECT: Mace, Natalie 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? N

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

WITNESS LIST

CASE NUMBER: 20-000757

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 roadsides

NAME: Ofc. Mintus

ADDRESS: 300 W Atlantic Ave Delray Beach FL

PHONE NUMBERS (HOME) \ _____ (WORK) 561-243-7800

CAN TESTIFY TO: Traffic Stop

NAME: Ofc. Pimental

ADDRESS 300 W Atlantic Ave Delray Beach FL

PHONE NUMBERS (HOME) _____ (WORK) 561-243-7800

CAN TESTIFY TO: Driving Pattern

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY



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"/>	782.04 (FS)	Other: Witness	
	<input type="checkbox"/>	415.107 (1)	Other: In order to protect the rights of the individual or other persons responsible for the welfare of a vulnerable adult, all records concerning reports of abuse, neglect, or exploitation of the vulnerable adult.	

REVIEW COMPLETED BY

Booking Number: 2020001511	Date: 01/14/2020
	Specialist Name/ID: M. Tooks #8557