

20 CT 15837 NB

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 <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-20005444</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 checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>ALT A1A/CATALINA LAKES BLVD, PBG, FL</b>				Location of Offense (Business Name, Address) <b>10000 ALT A1A, PBG, FL</b>			
Date of Arrest <b>12/05/2020</b>	Time of Arrest <b>02:48</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>	
Name (Last, First, Middle) <b>GELLERMANN, NOELLE, KRYSSTIAN</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth <b>04/14/1988</b>	Height <b>5'4</b>	Weight <b>127</b>	Eye Color <b>BLU</b>	Hair Color <b>BLN</b>	Complexion <b>LGT</b>
Build <b>SMALL</b>				Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>TAT R WRIST, R ANKLE</b>		Marital Status <b>MARRIED</b>	
Religion <b>CATHOLIC</b>		Indication of Alcohol Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Indication of Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Local Address (Street, Apt. Number) <b>3275 ATLANTIC RD PALM BEACH GARDENS, FL 33410</b>		Phone <b>(561) 906-0414</b>		Permanent Address (Street, Apt. Number) <b>3275 ATLANTIC RD PALM BEACH GARDENS, FL 33410</b>		Address Source <b>VERBAL</b>	
Business Address (Name, Street) <b>( ) ( ) ( )</b>		Phone <b>( ) ( ) ( )</b>		Occupation <b>( ) ( ) ( )</b>		DL Number, State <b>G465631886340 FL</b>	
Soc. Sec. Number <b>( ) ( ) ( ) ( ) ( ) ( )</b>		INS Number		Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>		Citizenship <b>US</b>	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Co-Defendant Name (Last, First, Middle)		Race		Sex		Date of Birth	
Parent Legal Custodian Other: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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 S. Sell T. Traffic 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		U. Unknown Z. Other	
Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(1)(C)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
Charge Description <b>DUI ENHANCED OVER .15</b>		Counts <b>1</b>		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number <b>316.193(4)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>							
Court Date and Time Month <b>JANUARY</b> Day <b>6TH</b> Year <b>2020</b> Time <b>10:00</b> 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 <b>12/05/2020</b>							
Signature of Defendant (or Juvenile and Parent/Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer <b>ANDREW FLINK</b>		Name Verification (Printed by Arrestee) <b>(PRINT)</b>			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>		I.D. # <b>514</b>	
Intake Deputy <b>Sum 8101</b>		L.D. # <b>( ) ( ) ( ) ( ) ( ) ( )</b>		Pouch #		Transporting Officer <b>ANDREW FLINK</b>	
L.D. # <b>( ) ( ) ( ) ( ) ( ) ( )</b>		Pouch #		ID # <b>514</b>		Agency <b>PBPGD</b>	
Witness here if subject signed with an "X"						PAGE <b>1</b> OF <b>1</b>	

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)

0520033

2020 DEC - 6 AM 11:29 21957

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 5TH DAY OF DECEMBER 20 20, AT 0220  AM  PM

SUBJECT: GELLMANN, NOELLE, KRYSTIAN CASE NUMBER: 20005444

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)

On 12/05/2020, at approximately 0220 hours, this Officer was conducting traffic enforcement, in the area of the ALT A1A/S Entrada Way, PBG, FL, when a vehicle was observed rapidly increasing to a high rate of speed north bound in the outside through lane. Body worn camera and in car video were activated upon traffic stop. This Officer's initial visual estimate of the vehicle was approximately 65 MPH, in a posted 45 MPH zone. Using RADAR Stalker DSR2X (DB001317), front antenna (KR027120), this Officer received a steady tone and reading of 67 MPH. The RADAR calibration was last checked on 06/17/2020 and was due on 12/17/2020. Prior to this tour of duty on this date, this Officer ensured the RADAR was in working order, to confirm the accuracy of the unit. At the end of this tour of duty, this Officer did the same. This Officer received RADAR/LIDAR certification on 05/31/2008, in Cannon AFB, NM. This Officer initiated a traffic stop on the vehicle, a blue Jeep Wrangler (BR0NC05/FL), in the area of Alt A1A and Catalina Lakes Blvd, PBG, FL. This Officer made contact with the driver and sole occupant of the vehicle, identified via Florida Driver License photo, Noelle Gellermann, while she was still in actual physical control of the vehicle.

### OBSERVATION OF DRIVER:

Gellermann had watery eyes, very slurred speech, flushed red face, and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. The odor increased in intensity as Gellermann spoke with this Officer.

### DRIVER'S STATEMENTS:

Gellermann said she was coming from a friend's house and denied consuming alcoholic beverages on this night.

### ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Very Slurred

ATTITUDE: Rapid mood swings, upset, angry, argumentative

CLOTHING: Dark green shirt, blue jeans, brown shoes

MEDICAL/OTHER: None stated

STATE OF FLORIDA  
COUNTY OF PALM BEACH

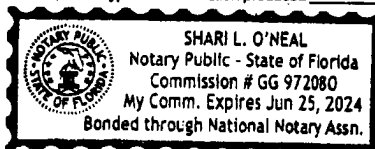
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of December 20 20 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)



SCANNED  
DEC 06 2020

**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:**

Gellermann had to be told multiple times to follow instructions. Gellermann had Vertical Gaze Nystagmus in both eyes.

**WALK & TURN:**

During the instructions, Gellermann raised her arms and stepped out of the starting position. Gellermann also started the exercise prior to being told to do so. During the first set of steps, Gellermann raised her arms more than six inches from her sides. Gellermann missed heel-to-toe multiple times and stepped off the line multiple times. Gellermann took 12 steps rather than nine. After the turnaround, Gellermann stumbled out of position and raised her arms from her sides. During the return set of steps, Gellermann again raised her arms more than six inches from her sides. Gellermann also missed heel-to-toe multiple times and stepped off the line multiple times. Gellermann paused to regain her balance and took 15 steps rather than nine.

**ONE LEG STAND:**

During the exercise, Gellermann raised her left foot. Gellermann raised her arms more than six inches from her sides and at times was swinging them to assist with her balance. Gellermann swayed throughout the exercise and placed her foot down multiple times.

**ROMBERG ALPHABET:**

Not conducted

**FINGER TO NOSE:**

Not conducted

BREATH TEST RESULTS: 1) .154 2) .156 3) - 4) -

STATE OF FLORIDA  
COUNTY OF PALM BEACH

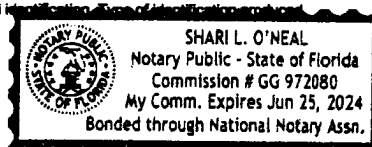
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of December 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)



SCANNED  
DEC 06 2020

# TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. FLINK #310

SUBJECT: GELLERMANN, NOELLE K.

CASE NUMBER: 20-133591

DATE: 12-05-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0330 HRS

ENDING TIME: 0344 HRS

BREATH TESTS RESULTS: 1) .154 TIME 0336 A.M.  P.M.  2) .156 TIME 0339 A.M.  P.M.   
3) TIME A.M.  P.M.  4) TIME A.M.  P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH:

ATTITUDE: AGITATED, SARCASTIC, OBNOXIOUS, MOODSWINGS

CLOTHING: JACKET- BLACK SHIRT- DRK OLIVE GREEN PANTS- BLUE JEANS

MEDICAL CONDITIONS: HERNIA

MEDICATIONS: -

## OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE

## COMMENTS:

20 MIN. OBSERVATION DONE BY A/O FLINK #514  
A/O REQUESTED THE BREATH TEST.  
D REFUSED THE BREATH REQUEST AT FIRST.  
A/O READ THE IMPLIED CONSENT ON CAMERA 2X'S.  
D DECIDED TO SUBMIT AFTER THE I/C WAS READ FOR THE SECOND TIME.  
D COMPLETED THE TEST CORRECTLY.  
C/W READ ON CAMERA TO THE D.  
EXPLAINED THE RESULTS TO THE D.  
Q&A CONDUCTED.



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

PBSO CASE # 20-133591 PBSO ZONE 3-13  
AGENCY CASE # 20005444 CRASH CASE # \_\_\_\_\_  
TIME OF STOP/CRASH 0220 DATE 12/05/2020 DAY SATURDAY  
SUBJECT'S NAME GELLMANN NOELLE KRYSTIAN RACE W SEX F  
LAST FIRST MID  
HGT 5'4 WGT 127 DOB 04/14/1988  
LOCATION ALT A1A/CATALINA LAKES BLVD, PBG, FL  
ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD  
DIVISION: TRAFFIC UNIT  
NOTIFIED BY COMMO YES  
ARRIVAL AT FACILITY 0310hrs  
ARREST TIME 02:48

BREATH RESULTS:

1)	<u>.154</u>
2)	<u>.156</u>
3)	-
4)	-

BREATH TEST OPERATOR: 6212

NOT A CERTIFIED COPY

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: 12/05/2020

Date of Last Agency Inspection: 11/13/2020  
Observation Period Began: 03:10  
Subject's Name: NOELLE K GELLERMANN DOB: 04/14/1988 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	03:35
	Air Blank	0.000	03:35
	Control Test	0.081	03:35
	Air Blank	0.000	03:36
	Subject Sample #1	0.154	03:36
	Air Blank	0.000	03:37
	Air Blank	0.000	03:39
	Subject Sample #2	0.156	03:39
	Air Blank	0.000	03:40
	Control Test	0.080	03:40
	Air Blank	0.000	03:41
	Diagnostics Check	OK	03:41

Cylinder Lot: 14020080A1  
Exp: 07/05/2022

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 SHARI L O'NEAL, 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: S. O'neal Date: 12-05-20  
Signature

Sworn to (or affirmed) before me this 05 day of December, 2020  
[Signature] Ofc. Flink #514  
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.

SUBJECT Kellermann, Muelle

CASE NUMBER \_\_\_\_\_

### QUESTIONS AND ANSWERS

FOR MANY YEARS YOU ASK YOU SOME QUESTIONS. WITH THESE RIGHTS MENTIONED, YOU MAY ANSWER ANY OR ALL OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? Yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? US-1

DIRECTION OF TRAVEL? N WHERE DID YOU START? Northlake

WHAT TIME DID YOU START? 3:30 WHAT TIME IS IT NOW? 4:40

WHAT IS TODAY'S DATE? 3rd December WHAT DAY OF THE WEEK IS IT? Friday

WHAT COUNTY AND CITY ARE YOU IN NOW? Walton, FL

WHAT DID YOU LAST EAT? Upstairs WHAT DID YOU EAT? Chicken, Fries

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? At friend's house

HOW MUCH DID YOU WEIGH? 127 HAVE YOU BEEN DRINKING? No 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? No

HAVE YOU CONSUMED ANY MEDICINE SINCE THE ACCIDENT? \_\_\_\_\_ HOW MUCH? \_\_\_\_\_

WHAT? \_\_\_\_\_ WHEN? \_\_\_\_\_

WHERE WERE YOU AT THE TIME OF THE ACCIDENT? at home near WHEN DID YOU LAST WORK? \_\_\_\_\_

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? \_\_\_\_\_

ARE YOU SICK OR INJURED? No WHAT'S WRONG? \_\_\_\_\_

DO YOU LIMP? Yes DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? No

WHERE WERE YOU IN AN ACCIDENT TODAY? No

HAVE YOU SMOKED CIGARETTES OR SMOKED ANY MARIJUANA TODAY? No WHEN? \_\_\_\_\_

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? \_\_\_\_\_

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? \_\_\_\_\_

DO YOU HAVE \_\_\_\_\_

- EPILEPSY? \_\_\_\_\_
- GLASS EYE? \_\_\_\_\_
- FALE EYE? \_\_\_\_\_
- HARD HEARING? \_\_\_\_\_
- INNER EAR PROBLEMS? \_\_\_\_\_
- DIABETES? \_\_\_\_\_

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? \_\_\_\_\_

DO YOU TAKE INSULIN? No IF SO, WHEN WAS YOUR LAST INJECTION? \_\_\_\_\_

HAVE YOU HAD ANY OTHER SURGERY? No WHEN? \_\_\_\_\_

\_\_\_\_\_ 0 \_\_\_\_\_ 514





# 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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2020028451	Date: 12/06/2020
	Specialist Name/ID: AM/31562