

J# 0420638

20CT014368ASB

PH 220

OBT Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		JUVENILE			
Agency ORI Number 0500400		Agency Name Delray Beach Police Department		Agency Report Number (N.T.A.'s only) 4, 0 20-014605									
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		If Weapon Seized		Eater Type None/not Applicable		Multiple Clearance Indicator 1			
Location of Arrest (Including Name of Business) 1700 N CONGRESS AVE DELRAY BEACH, FL						Location of Offense (Business Name, Address) 1700 N CONGRESS AVE, DELRAY BEACH, FL 33445							
Date of Arrest 11/08/2020		Time of Arrest 02:59		Booking Date 11/08/2020		Booking Time 03:09		Jail Date 11/08/2020		Jail Time 05:04			
Location of Vehicle 1700 N CONGRESS AVE													
Name (Last, First, Middle) MELLONE, RANDOLPH BRUCE ANTHONY													
Race W - White B - Black						Sex M		Date of Birth 07/12/1995		Height 5'07		Weight 155	
Eye Color BROWN						Hair Color BROWN		Complexion FAIR		Build SMALL			
Marital Status S						Religion OTHER		Indication of Alcohol Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>		Indication of Drug Influence Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>			
Local Address (Street, Apt. Number) 5980 AQUAMARINE WAY, BOYNTON BEACH, FL 33472				City BOYNTON BEACH, FL		State FL		Zip 33472		Phone (561) 789-9248			
Permanent Address (Street, Apt. Number) 5980 AQUAMARINE WAY, BOYNTON BEACH, FL 33472				City BOYNTON BEACH, FL		State FL		Zip 33472		Phone (561) 789-9248			
Business Address (Name, Street)				City		State		Zip		Phone			
DL Number, State M450722952520 / FL				Sec. Sec. Number		INS Number		Place of Birth (City, State) BOYNTON BEACH, FL		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"/> Legal Custodian <input type="checkbox"/> Other: _____				Name (Last, First, Middle)				Residence Phone					
Address (Street, Apt. Number)				City		State		Zip		Business Phone			
Notified by: (Name)				Date		Time		JUVENILE DISPOSITION <input type="checkbox"/> 1. Handled/Processed within Department and Released <input type="checkbox"/> 2. TOT JAC <input type="checkbox"/> 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property					
Drug Activity N N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Disperse/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other				Drug Type 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						Statute Violation Number 316.193(DA)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
N								1		<input type="checkbox"/> Y <input checked="" type="checkbox"/> N			
Charge Description						Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
										<input type="checkbox"/> Y <input type="checkbox"/> N			
Charge Description						Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence		Warrant / Capias Number	
										<input type="checkbox"/> Y <input type="checkbox"/> N			
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"/> Posted Bond <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health <input checked="" type="checkbox"/> T.O.T. County Jail						PROPERTY - Received By		Released By		Released To			
Transported By						Date Transported		Time Transported		Other			
<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 12/08/2020 08:30:00		No Photo Available			
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"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) WINDSOR, NICHOLAS				ID.# 1029					
Intake Deputy D. Windsor				Transporting Officer WINDSOR				Agency 1029 DBPD					
Witness here if subject signed with an "X"													

COURT
 STATE ATTORNEY
 AGENCY
 CENTRAL RECORDS
 JAIL
 GENUINE ANALYSIS
 I.O.
 DEFENDANT

SCANNED
 NOV 09 2020

2020 NOV 9
 PAGE 1 OF 1

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 8TH DAY OF NOVEMBER 20 20 AT 0230 AM PM
SUBJECT: MELLONE, RANDOLPH BRUCE ANTHONY CASE NUMBER: DBPD #20-14605
AGENCY: DELRAY BEACH PD ARRESTING OFFICER: WINDSOR #1029

PERSONAL CONTACT

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

The following occurred in the City of Delray Beach, County of Palm Beach, FL. On 11/08/20 at 0230hrs I observed a black 2017 Toyota Corolla (FL Tag #NLJL04) traveling northbound in the 1st block of N. Congress Ave. The road surface was wet and had visible standing water from heavy rain earlier in the night. I visually estimated the Toyota was traveling at 70mph. I followed the Toyota northbound and paced the Toyota at 72mph with my marked Delray Beach Police patrol vehicle (Unit 1931/VIN #1FM5K8AR4KGA82194). I observed the Toyota continue north and almost strike the rear end of another vehicle. The Toyota made two lanes to move pass two vehicles and start to accelerate away. I conducted a traffic stop by activating my emergency lights and the Toyota pulled over in the 1700 block of N. Congress Ave. The Toyota stopped partially on the sidewalk at a parking lot entrance. I met the white male driver and identified him by his FL DL as Randolph Bruce Anthony Mellone. Mellone was sitting in the Toyota's driver seat, with the engine running and vehicle key inside the ignition. Mellone was the only person inside the Toyota when the traffic stop was conducted.

OBSERVATION OF DRIVER:

I smelled an odor of an unknown alcoholic beverage coming from Mellone. Mellone's eyes were red and had a glassy appearance. Mellone had slow dexterity and response to my questions. Mellone could not locate the Toyota's insurance ID card. I asked Mellone what insurance company he had and he was silent for several seconds. Mellone replied he did not know what insurance company he had. Mellone's speech was slurred while talking. During roadsides, Mellone stumbled while walking and swayed while standing still.

DRIVER'S STATEMENTS:

Mellone stated he was on his way home when the traffic stop occurred. Mellone stated he left his friend's residence after having dinner. I asked Mellone where his friend's residence was located and he initially replied "Boynton Beach" and then stated "Delray Beach". Mellone stated he consumed one beer at his friend's residence and he finished this beer 45 minutes prior to the traffic stop. Mellone stated he took a prescription medication for Fibromyalgia but this medication would not impair his ability to operate a motor vehicle. Mellone stated he did not know the posted speed limit was 45mph and stated he thought he was traveling at 50mph. Mellone stated he did not know he was traveling at 72mph. Mellone initially stated he did not know he almost struck the rear end of the other vehicle. Mellone stated he did not realize the difference between the speed of the Toyota and the speed of the other vehicles on the roadway. During roadsides, Mellone stated he had two beers which were IPA beers. Mellone stated the IPA beers contained 9-10% alcohol and were equal to 5-6 Bud Light beers. Mellone stated he started consuming his 1st beer 3.5hrs prior to the traffic stop. At the PBCJ BAT, Mellone refused to provide a breath sample stating it was against his religion.

ODORS:

Mellone had an odor of an unknown alcoholic beverage coming from his person.

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Polite, Cooperative

CLOTHING: Green T-Shirt and Tan Pants with Gray Shoes

MEDICAL/OTHER: Fibromyalgia

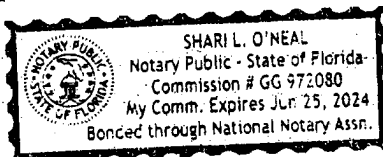
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of November 20 20 by Ofc. Windsor #1029

(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: MELLONE, RANDOLPH BRUCE ANTHONY **CASE NUMBER** DBPD #20-14605

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:

During HGN/VGN roadside, Mellone stopped following the stimulus light and I had to instruct him to continue to follow the light with his eyes. Mellone stopped in the middle of the roadside and stated it was hard because I was looking at his eyes during the roadside.

WALK & TURN:

Mellone swayed while standing still. Mellone did not remain in the instructional phase position as instructed. Mellone did not touch heel to toe as instructed. Mellone used his arms for balance during this roadside. It appeared Mellone had difficulty walking and was bending his knees in an awkward manner.

ONE LEG STAND:

After I observed Mellone in the walk and turn roadside, I was concerned for his safety for the one leg stand and did not have Mellone perform this roadside.

FINGER TO NOSE:

Mellone swayed while standing still. Mellone missed the tip of his nose with his finger several times during this roadside.

ROMBERG ALPHABET:

Mellone swayed while standing still. Mellone stated he initially stated he knew the English alphabet and after I gave him the instructions, Mellone stated he was not comfortable with reciting the English Alphabet because he was illiterate. I gave instructions for Mellone to count from 35 to 75. Mellone counted correctly as instructed.

BREATH TEST RESULTS: (1) Refused (2) (3) (4)

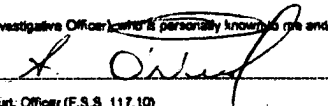
STATE OF FLORIDA
COUNTY OF PALM BEACH



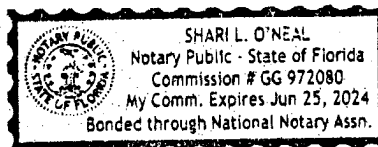
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 8th day of November, 2020 by Ofc. Windsor #1029

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



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



TESTING FACILITY TASK REPORT

AGENCY: DBPD OFC. WINDSOR #1029

SUBJECT: MELLONE, RANDOLPH B.A.

CASE NUMBER: 20-124790

DATE: 11-07-20

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0346 HRS

ENDING TIME: 0350 HRS

BREATH TESTS RESULTS: 1) R TIME 0349 A.M. P.M. 2) TIME A.M. P.M.
3) TIME A.M. P.M. 4) TIME A.M. P.M.

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: COOPERATIVE, TALKATIVE AT TIMES

CLOTHING: SHIRT-GREEN PANTS- KHAKI

MEDICAL CONDITIONS: SEVERAL MEDICAL PROBLEMS, SEVERAL ALLERGIES

MEDICATIONS: SEVERAL MEDICATIONS

OTHER:

EYES: RED, GLASSY

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O WINDSOR #1029
A/O REQUESTED THE BREATH TEST.
D REFUSED THE BREATH REQUEST.
D STATED IT WAS AGAINST HIS RELIGION.
A/O READ THE IMPLIED CONSENT ON CAMERA.
D STILL REFUSED THE BREATH REQUEST AFTER THE I/C WAS READ ON CAMERA.
C/W READ ON CAMERA.
D REFUSED Q&A



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

PBSO CASE # 20-124790 PBSO ZONE 4-11

AGENCY CASE # 20-14605 CRASH CASE # N/A

TIME OF STOP/CRASH 0230 DATE 11/08/20 DAY SUNDAY

SUBJECT'S NAME MELLONE, RANDOLPH BRUCE ANTHONY RACE W SEX M

HGT 5'07" WGT 155 DOB 07/12/95

LOCATION 1700 BLOCK N CONGRESS AVE DELRAY BEACH, FL

ARRESTING OFFICER'S NAME & ID WINDSOR #1029 AGENCY DELRAY BEACH PD

DIVISION: TRAFFIC

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 0325

ARREST TIME 0259

BREATH RESULTS:

- 1) _____
- 2) _____
- 3) _____
- 4) _____

REFUSED

TESTING OFFICER'S ID 6212 PBSO VIDEOTAPE # /

NOT A CERTIFIED COPY

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

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

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

or affirm that on or about the 8th day of November, 20 20, at 0259 P.M. A.M.

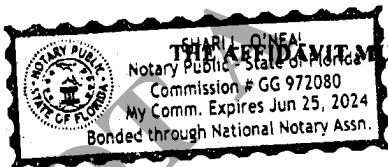
DRIVER Randolph Bruce Anthony Mellone
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# M450722952520, state of Florida, was placed under lawful arrest for
the offense of Driving Under the Influence by Ofc. Windsor #1029 DBPD and
issued Citation # A1UR7FE
(Name of Arresting Officer)

That on or about the 8th day of November, 20 20, at 0349 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.


Signature of Law Enforcement Officer or
Correctional Officer



(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 08 day of November, 20 20,
by _____

who is personally known to me or who has produced

_____ as identification
Notary Public A. O'Neal

HSMV-BAR1001 (REV. 10/2016)

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

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.

SUBJECT: WILLIAMS, MARY B.H. CASE NUMBER: DD 20 11665

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: WIC 11/29/2011 7:16 59 D.P.D.



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: 2020026336	Date: 11/09/2020
	Specialist Name/ID: AM/31562