

21CT9032 NB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

ADMINISTRATIVE	DBTS Number		Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-21-072030			
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator 01					
	Location of Arrest (Including Name of Business) 1001 LAKE SHORE DR LAKE PARK FL 33403				Location of Offense (Business Name, Address) 1001 LAKE SHORE DR, LAKE PARK FL 33403					
	Date of Arrest 06/03/2021	Time of Arrest 0120	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle			
DEFENDANT	Name (Last, First, Middle) Flores, Raymond, Victor						Alias (Name, DOB, Soc. Sec. #, Etc.)			
	Race W - White I - American Indian B - Black O - Oriental/Asian W		Sex M	Date of Birth 2/28/1989	Height 5'10	Weight 155	Eye Color HAZEL	Hair Color BLK	Complexion light	Build Small
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status Single	Religion NONE	Indication of Alcohol Influence 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>	
	Local Address (Street, Apt. Number) 901 Lake Shore Dr Apt 201, West Palm Beach, FL 33403				City West Palm Beach	State FL	Zip 33403	Phone (561) 310 5471	Residence Type: 1. City <input checked="" type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>	
	Permanent Address (Street, Apt. Number)				City	State	Zip	Phone	Address Source FL DL	
	Business Address (Name, Street)				City	State	Zip	Phone	Occupation ASST. PROPERTY MANAGER	
	DL Number, State F462738890680, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US	
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	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"/>
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth	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"/>
	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 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 355-2528) 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 B. Buy P. Possess T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate		Z. Other		
Charge Description D.U.I.		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(A)		Violation of ORD #				
Drug Activity N		Drug Type N	Amount / Unit	Offense # 21-072030	Warrant / Copies Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond			
Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #				
Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Copies Number		Bond			
NOTICE TO APPEAR	Location (Court, Room Number, Address) North County Government Center/Courthouse, Courtroom #2, 3188 PGA Blvd., Palm Beach Gardens FL 33410						FL 33410 (888) 620-0000			
	Court Date and Time Month July Day 6th Year 2021 Time 0830						CIRCUIT & COUNTY COURTS (CRIMINAL DIV.)			
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 of Defendant (or Juvenile and Parent /Custodian)						Date Signed 06/03/2021				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature] 33097		Name Verification (Printed by Arrestee) SCANNED JUN 03 2021					
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Releated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S TRINIDAD 33097		(PRINT)					
	Initials Deputy [Signature] 33097		Transporting Officer D/S TRINIDAD 33097		Agency PBSO					
	L.D. # Pouch #		ID #		Witness here if subject signed with an "X" <input type="checkbox"/> OF					

0523710

3477

OBS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. M.T.A.		3. Request for Warrant 4. Request for Copies		1	Juvenile N
ADMIN	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06-21-072030				
	Charge Type: 1. Felony 2. Traffic Felony		3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		Special Notes:		
DEF	Name (Last, First, Middle) Flores, Raymond, Victor		Alias		Race H	Sex M	Date of Birth 2/28/1989		
	Charge Description DUI		316.193(1)(A)		Charge Description				
CHARGES	Charge Description				Charge Description				
	Charge Description				Charge Description				
VICTIM	Victim's Name (Last, First, Middle) STATE, OF FLORIDA,				Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above-named Defendant committed the following violation of law. The Person taken into custody</p> <p><input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <u>3</u> day of <u>JUNE</u> 20<u>21</u> at <u>0037</u> <input checked="" type="checkbox"/> A.M. <input type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p>On 6-3-2021 at approximately 0037 hours I responded to the 1000 block of Lake Shore Dr. Lake Park (Palm Beach County) in reference to a caller who observed a vehicle at this location disabled stopped on a curb.</p> <p>Upon arrival, I observed a green Lexus FL tag # WCF799 parked on the left side of the roadway facing south on Lake Shore Dr. in front of Bay Beach Condes located at 1001 Lake Shore Dr. Lake Park. As I approached the vehicle I observed that the front driver side tire was on its rim with no rubber tire on it. As I looked at the driver seat I observed a white male later identified as Raymond Flores sleeping. I observed that the vehicle was on, keys in the ignition and doors were locked. I knocked on the window to get the attention of Flores. Flores woke up looked at me and appeared to be confused. I asked Flores to open the window. I observed that Flores had difficulties attempting to open the windows. After a few moments Flores unlocked the front driver door and I opened it. I then asked Flores if he was ok. I observed that Flores had slurred speech and he stated that his tire blew out. I then asked Flores if he was sick and which he replied he wasn't. I then asked if he took any medication in which Flores stated he didn't.</p> <p>I then had Flores step out of the vehicle and completed the Horizontal Gaze Nystagmus (HGN). During the HGN I observed Flores had blood shot eyes, and a strong odor of an alcoholic beverage was emanating from his breath. Flores was also swaying front to back. Flores said he drank only two drinks tonight. While checking for HGN Flores moved his head and failed to follow the stimulant with his eyes only several times. I advised Flores several times to look at the stimulant with his eyes. Flores appeared to be looking into the distance away from the stimulant. I had to continue to instruct him to look at the stimulant.</p> <p>I then asked Flores if he wanted to complete other exercises to determine if he was impaired, Flores agreed on continuing with the exercises. I advised Flores that the next exercise was the walk and turn. I had Flores in the starting position of the walk and turn and told him to stay in that position until I told him to move. Flores stated he understood. While giving Flores instruction on how to do the walk and turn Flores lost balance and placed his foot side to side. I told Flores to go back to the starting position in which he did. Flores appeared to have difficulty getting back to the starting position but managed to do so. When Flores began to walk and turn steps Flores miscounted and started counting out loud on four (4) when it was actually step three (3). Flores then turned around and began counting his steps out loud skipping the number three (3) and went to four (4) from two (2). At the end of the walk and turn Flores took a total of ten (10) steps on the way back when he was instructed to take only nine (9).</p> <p>During the one leg stand Flores used his arms for balance as he extended them. Flores then failed to look at his foot and began looking in front of him level to his head.</p> <p>During the finger to nose exercise Flores failed to touch the tip of his nose with the tip of finger. Flores continued to touch his nose with the pad of his finger during the entire exercise.</p> <p>During the Romberg Alphabet Flores managed to recite the alphabet without any issues.</p> <p>D/S McDonald had the defendant's vehicle towed by rotation. I then transported Flores to the main jail breath analysis facility for further processing. Upon arrival, I escorted the defendant to the facility and began a 20-minute observation period. During that time the defendant did not ingest anything into his body orally or otherwise, neither did he regurgitate. I escorted him into the testing room and asked him to provide breath samples for the purpose of determining his alcohol content. He complied the defendant gave two adequate breath samples that rendered results of .160 and .155. I read his constitutional rights in which he acknowledged. The defendant refused to answer the Q&A session. He was booked into the main jail for DUI.</p>									
<p>STATE OF FLORIDA COUNTY OF PALM BEACH <u>33091</u> D/S TRINIDAD (Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to or affirmed and subscribed before me this <u>3</u> day of <u>JUNE</u> 20 <u>21</u> by <u>D/S TRINIDAD</u> (Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced)</p> <p><u>37274</u> Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p>									
<p>ADMINISTRATIVE</p> <p style="text-align: right;">PAGE _____ OF _____</p>									

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 3 DAY OF JUNE 2021 AT 0037 AM PM

SUBJECT: Flores, Raymond, Victor

CASE NUMBER: 21-072030

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S TRINIDAD

PERSONAL CONTACT

DRIVING PATTERN: Actual physical control (physical evidence or statements putting def. behind wheel of vehicle)

Vehicle was stopped on top of a curb missing rubber tire and was on bear rim. Vehicle was on keys in the ignition and driver was asleep in the driver seat.

OBSERVATION OF DRIVER:

Driver appeared to be confused when first woke up. Driver had bloodshot eyes, slurred speech, and a strong odor of an alcoholic beverage emanating from his breath.

DRIVER'S STATEMENTS:

Driver stated he had a couple of drinks and was waiting on a tow truck for his disabled vehicle. When I asked from 1 to 10, 10 being drunk peeing on yourself and one being sober where are you at. Driver replied with around seven or eight.

ODORS:

strong odor of an alcoholic beverage emanating from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: normal

CLOTHING: normal

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

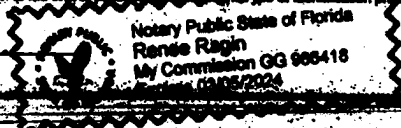
D/S TRINIDAD

(Signature of Arresting/Investigative Officer)

The foregoing instrument was executed and affirmed and subscribed before me this 3 day of JUNE 2021 by D/S TRINIDAD

(Print name of Arresting/Investigative Officer), who is personally known to me and is qualified to administer oaths and is duly sworn.

Notary Public, State of Florida (Notary # 117,107)



SCANNED
JUN 03 2021

SUBJECT: Flores, Raymond, Victor

CASE NUMBER 21-072030

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 front to back. Failed to follow directions continued looking away from stimulus and moving head.

WALK & TURN:

While giving Flores instruction on how to do the walk and turn Flores lost balance and placed his foot side by side. I told Flores to go back to the starting position in which he did. Flores appeared to have difficulty getting back to the starting position but managed to do so. When Flores began to walk and turn steps Flores miscounted and started counting out loud on four (4) when it was actually step three (3). Flores then turned around and began counting his steps out loud skipping the number three (3) and went to four (4) from two (2). At the end of the walk and turn Flores took a total of ten (10) steps on the way back when he was instructed to take only nine (9).

ONE LEG STAND:

During the one leg stand Flores used his arms for balance as he extended them. Flores then failed to look at his foot and began looking in front of him level to his head.

FINGER TO NOSE:

Flores failed to touch the tip of his nose with the tip of finger. Flores continued to touch his nose with the pad of his finger during the entire exercise.

ROMBERG ALPHABET:

managed to recite the alphabet without any issues

BREATH TEST RESULTS: .160 .155

STATE OF FLORIDA
COUNTY OF PALM BEACH

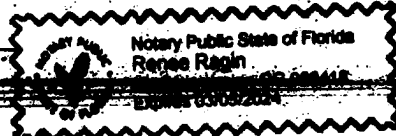
D/S TRINIDAD

(Signature of Arresting/Investigative Officer)

The foregoing instrument was read to me, affirmed and subscribed before me this 3 day of JUNE, 2021

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

Notary Public, State of Florida, Commission # 117,170



D/S TRINIDAD

Kheun

SCANNED
JUN 03 2021

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: 06/03/2021

Date of Last Agency Inspection: 05/14/2021

Observation Period Began: 02:09

Subject's Name: RAYMOND V FLORES

DOB: 02/28/1989 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	02:40
	Air Blank	0.000	02:41
	Control Test	0.081	02:41
	Air Blank	0.000	02:41
	Subject Sample #1	0.160	02:42
	Air Blank	0.000	02:43
	Air Blank	0.000	02:45
	Subject Sample #2	0.155	02:46
	Air Blank	0.000	02:46
	Control Test	0.078	02:47
	Air Blank	0.000	02:47
	Diagnostics Check	OK	02:47

Cylinder Lot: 22620080A2
Exp: 10/05/2022

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 PARIS D POUND, 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: _____

Signature

Date: 06/03/21

Sworn to (or affirmed) before me this 3rd day of JUNE, 2021

0- (Signature) 33097
Signature of Notary Public-State of Florida

D/S. O. TRINIDAD
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.

TESTING FACILITY TASK REPORT

AGENCY: **PBSO**

SUBJECT: **FLORES, RAYMOND V**

DATE: **Jun 3, 2021**

BEGINNING TIME: **02:36**

ENDING TIME: **02:49**

CASE NUMBER: **21-072030**

VIDEO DVD NUMBER: **N/A**

BREATH TESTS RESULTS: 1) **.160** TIME **02:42** A.M. ☒ P.M. ☐ 2) **.155** TIME **02:46** A.M. ☒ P.M. ☐
3) **N/A** TIME **N/A** A.M. ☐ P.M. ☐ 4) **N/A** TIME **N/A** A.M. ☐ P.M. ☐

BREATH OPERATOR: **P.POUND #24639**

MAINTENANCE TECHNICIAN: **J. KARLECKE# 6467**

TESTING OFFICER'S OBSERVATIONS

SPEECH: **SLURRED**

ATTITUDE: **CALM, QUIET**

CLOTHING: **BLUE / WHITE SHORTS, BLUE T-SHIRT, BLACK SANDALS**

MEDICAL CONDITIONS: **NONE**

MEDICATIONS: **NONE**

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 02:09 HRS.

SUBJECT: ASKED WHAT HAPPENS IF HE DOES NOT TAKE TEST

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND AGREED TO TAKE TEST

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ATTEMPTED Q&A

SUBJECT: REFUSED QUESTIONS

SCANNED
JUN 03 2021

WITNESS LIST

CASE NUMBER: 21-072030

ARRESTING OFFICER: D/S TRINIDAD

ADDRESS: 3228 GUN CLUB RD WEST PALM BEACH FL

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: D.U.I

NAME: D/S MCDONALD

ADDRESS: 3228 GN CLUB RD WEST PALM BEACH FL

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: POSITION OF VEHICLE

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JUN 03 2021



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

REVIEW COMPLETED BY

Booking Number: 2021013477	Date: 6/3/21
	Specialist Name/ID: A. Pinkney/7796