

0495951

21CT1329ASB

148

ARREST / NOTICE TO APPEAR

ADVISOR	OBTS Number	ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	1	JUVENILE	N
MISCELLANEOUS	Agency ORI Number	Agency Name	Agency Report Number (N.T.A.'s only)					
	0502000	Lantana Police Department	6, 4 21-000405					
INVESTIGATION	Charge Type	Check as many as apply		If Weapon Seized		Multiple Charge Indicator		1
	1. Felony 2. Traffic Felony	3. Misdemeanor 4. Traffic Misdemeanor		5. Ordinance 6. Other		None/not Applicable		
NOTICE	Location of Arrest (Including Name of Business)			Location of Offense (Business Name, Address)				
	W LANTANA RD/N BROADWAY			530 W LANTANA RD/N BROADWAY, LANTANA, FL 33462				
INVESTIGATION	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
	01/27/2021	04:38	01/27/2021	04:48	01/27/2021	05:01	PRIORITY TOWING	
DEFENDANT	Name (Last, First, Middle)			Alias (Name, DOB, Soc. Sec. #, Etc.)				
	FOURNIER, ROGER BLAISE							
DEFENDANT	Race	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion
	W - White A - Black O - Other/Asian	W M	09/30/1962	5'09	210	BLUE	SALT &	LIGHT
DEFENDANT	Scars, Marks, Tattoo, Unique Physical Features (Location, Type, Description)			Marital Status		Religion		Indication of Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>
	TATTL FORE ARM / SWORD			S				Drug Influence <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DEFENDANT	Local Address (Street, Apt. Number)			(City)		(State)		(Zip)
	291 MENTONE RD, LANTANA, FL 33462							
DEFENDANT	Permanent Address (Street, Apt. Number)			(City)		(State)		(Zip)
	291 MENTONE RD, LANTANA, FL 33462							
DEFENDANT	Business Address (Name, Street)			(City)		(State)		(Zip)
	UBER							
DEFENDANT	DL Number, State		Soc. Sec. Number		INS Number		Place of Birth (City, State)	
	FG656722623500 / FL						QUEENS, NY, United	
DEFENDANT	Citizenship		Race		Sex		Date of Birth	
	US							
DEFENDANT	Co-Defendant Name (Last, First, Middle)			Race		Sex		Date of Birth
DEFENDANT	Co-Defendant Name (Last, First, Middle)			Race		Sex		Date of Birth
DEFENDANT	Parent <input type="checkbox"/> Other <input type="checkbox"/>			Name (Last, First, Middle)			Residence Phone	
	Legal Custodian <input type="checkbox"/>							
DEFENDANT	Address (Street, Apt. Number)			(City)		(State)		(Zip)
DEFENDANT	Notified by (Name)			Date		Time		JUVENILE DISPOSITION
								1. Held/Processed within Department and Released 2. TOT JAC 3. Incarcerated
DEFENDANT	Released To (Name)			Relationship		Date		Time
DEFENDANT	The above address was provided by <input type="checkbox"/> defendant and/or <input type="checkbox"/> defendant's parents.			School Attended		Grade		
	The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone 355-2526) informed of any change of address.							
DEFENDANT	Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Description of Property		Value of Property		
DEFENDANT	Drug Activity			Drug Type		B. Barbiturate C. Cocaine E. Heroin		H. Hallucinogen M. Marijuana O. Opioid/Driv
	S. Sell B. Buy P. Possess T. Traffic			R. Smuggle D. Driver E. Use		K. Disperse/Distribute M. Manufacture/Produce/Cultivate Z. Other		P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other
DEFENDANT	Charge Description			State Violation Number		Violation of ORD #		
	DUI-DRIVING UNDER THE INFLUENCE - 0.08 or more			316.193(1)C				
DEFENDANT	Drug Activity			Drug Type		Amount / Unit		Offense #
	N							
DEFENDANT	Charge Description			State Violation Number		Violation of ORD #		
DEFENDANT	Drug Activity			Drug Type		Amount / Unit		Offense #
DEFENDANT	Charge Description			State Violation Number		Violation of ORD #		
DEFENDANT	Health / Apparent Physical Condition of Defendant			Any knowledge of the following		Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformation <input type="checkbox"/> Injuries <input type="checkbox"/>		
	FAIR							
DEFENDANT	Check which applies			PROPERTY - Received By		Released By		Released To
	Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> T.O.T. County Jail <input checked="" type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health <input type="checkbox"/>							
DEFENDANT	Transported By			Date Transported		Time Transported		Other
	DIAZ			01/27/2021		05:04		
DEFENDANT	<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court			Location (Court, Room)		Date and Time		
	<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.			200 W Atlantic Ave, DELRAY BEACH		02/23/2021 08:30:00		
DEFENDANT	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		No Photo Available
DEFENDANT	HOLD for Other Agency			Signature of Arresting Officer		Name Verification (Printed by Arrestee)		
DEFENDANT	Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other <input type="checkbox"/>			Name of Arresting Officer (Print)		I.D. #		
				DIAZ, PAUL G		897		
DEFENDANT	Transporting Officer			I.D. #		Agency		
	DIAZ			897		LANTA		
DEFENDANT	Witness here if subject signed with an "X"			Name Verification (Printed by Arrestee)		I.D. #		

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE _____ DAY OF _____ 20_____, AT _____ AM/PM
SUBJECT: Roger B. Fournier CASE NUMBER: 21-000405
AGENCY: Lantana PD ARRESTING OFFICER: Diaz 897

PERSONAL CONTACT

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

The vehicle was occupied by a sole occupant sitting behind the wheel in the front driver seat. I observed Mr. Fournier completely fast asleep with an open Budweiser beer can in between his legs and two additional open Budweiser beer cans beside his seat. The vehicle was still running in drive position with the front passenger side against the swale. (Mr. Fournier was identified by his Florida Driver's License).

OBSERVATION OF DRIVER:

Mr. Fournier was fast asleep in the driver seat of the vehicle. Upon waking Mr. Fournier, he (Mr. Fournier) appeared to be disoriented. Mr. Fournier had a strong odor of alcohol emanating from his breath. Mr. Fournier was unable to maintain balance without leaning against the vehicle. Mr. Fournier had difficulty following directions when Officer asked for him to turn off vehicle and locate his driver's license.

DRIVER'S STATEMENTS:

Mr. Fournier advised he drank 2-3 beers. Mr. Fournier refused to do SFST. Mr. Fournier advised he purchased beer in Publix (Lantana) and drank in Lantana. Mr. Fournier advised he was in a bar in Lake Worth. Mr. Fournier advised he was "a little bit" under the influence.

ODORS:

A strong odor of an unknown alcoholic beverage emanating from his breath

GENERAL OBSERVATIONS

SPEECH: slur

ATTITUDE: aggressive, agitated, combative

CLOTHING: navy shirt, brown shorts, brown shoes

MEDICAL / OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

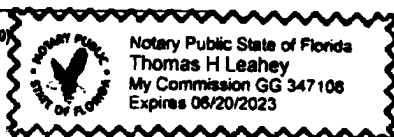
(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 27 day of January 2021 by OR PO122 #897

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

Sworn

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



SUBJECT: Roger B. Fournier CASE NUMBER: _____

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:

WALK & TURN:

Refused

ONE LEG STAND:

Refused

FINGER TO NOSE:

Refused

ROMBERG / ALPHABET :

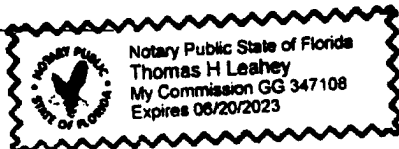
Refused

BREATH TEST RESULTS : (1) .097 (2) .097

STATE OF FLORIDA
COUNTY OF PALM BEACH

[Signature] 897
(Signature of Arresting / Investigative Officer)
The foregoing instrument was notarized or sworn before me this 27 day of January 2021 by Off P Diaz #897
who is personally known to me and/or produced identification. Type of identification produced Known

[Signature]
Notary Public, Clerk of Court, Officer F.S.S. 117-10)



NOT A CERTIFIED COPY



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

PBSO CASE # 21-029514 PBSO ZONE 1-32

AGENCY CASE # 21-000405 CRASH CASE # _____

TIME OF STOP/CRASH 0421 DATE 01/27/21 DAY Wednesday

SUBJECT'S NAME Roger B. Fournier RACE W SEX M

HGT 509 WGT 210 DOB 09/30/62

LOCATION N Broadway / W Lantana Rd

ARRESTING OFFICER'S NAME & ID Diaz 897 AGENCY Lantana PD

DIVISION: _____

NOTIFIED BY COMMO Yes

ARRIVAL AT FACILITY 0511

Arrest Time 0438

BREATH RESULTS:

1. .097

2. .097

3. N/A

4. N/A

TESTING OFFICER'S ID 19183

WITNESS LIST

CASE NUMBER: 21-000405

ARRESTING OFFICER Sgt. Oquist

ADDRESS 901 N 8th St, Lantana FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 561-540-5700

CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

NAME: _____ Ofc. Santana

ADDRESS 901 N. 8th St, Lantana FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 561-540-5700

CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

NAME: _____ Ofc. Santana

ADDRESS 901 N. 8th St, Lantana FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 561-540-5700

CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

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CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

NAME: _____ Ofc. Santana

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 561-540-5700

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

NAME: _____ Ofc. Santana

ADDRESS 901 N. 8th St, Lantana FL 33462

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) 561-540-5700

CAN TESTIFY TO: Mr. Fournier being asleep behind the wheel intoxicated

TESTING FACILITY TASK REPORT

AGENCY: LPD

SUBJECT: Fournier, Roger B

DATE: Jan 27, 2021

BEGINNING TIME: 0534

CASE NUMBER: 21-029514

VIDEO DVD NUMBER: N/A

ENDING TIME: 0551

BREATH TESTS RESULTS: 1) .097 TIME 0539 A.M. P.M. 2) .097 TIME 0542 A.M. P.M.
3) n/a TIME 0 A.M. P.M. 4) n/a TIME 0 A.M. P.M.

BREATH OPERATOR: Thomas H Leahey #19183

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, deliberate

ATTITUDE: talkative

CLOTHING: tan shorts, blue polo shirt, brown sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

OTHER:

eyes are glassy and bloodshot
odor of unknown alcoholic beverage on breath
subject stated he drank 2-3 beers- Q&A

COMMENTS:

arrived at center A/O conducted 20 minute observation period 0511 hrs

subject refused to perform breath test - what if i don't

A/O read I/C & subject understood I/C

subject agreed to perform breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O conducted Q&A

subject answered questions

SUBJECT: Fournier, Roger B CASE NUMBER: 21-000405

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 Off P Diaz #897 of the LPD

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) Read on camera

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) Read on camera

SUBJECT: Fournier, Roger B CASE NUMBER: 21-000405

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? yes

WHERE WERE YOU GOING? to residence

WHAT STREET OR HIGHWAY WERE YOU ON? Lantana Rd

DIRECTION OF TRAVEL? E WHERE DID YOU START? Sneakers Bar Lake Worth

WHAT TIME DID YOU START? 0300 WHAT TIME IS IT NOW? 0600

WHAT IS TODAY'S DATE? 01/27/21 WHAT DAY OF THE WEEK IS IT? wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? West Palm Beach / Gun club

WHEN DID YOU LAST EAT? #230pm WHAT DID YOU EAT? pasta salad

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Gababar

HOW MUCH DO YOU WEIGH? 210 HAVE YOU BEEN DRINKING? yes WHAT? Beer

HOW MUCH? 2-3 WHERE? Purchased in public drinking in Lantana WITH WHOM? Alone

WHEN DID YOU HAVE YOUR FIRST DRINK? 0300 AND YOUR LAST DRINK? 0545

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Sip

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? alittle bit ARE YOU UNDER THE INFLUENCE? alittle bit

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? yes HOW MUCH? doesn't know 2-3

WHAT? _____ WHERE? _____ WHEN? beers

WHAT LINE OF WORK ARE YOU IN? truck driver WHEN DID YOU LAST WORK? 2 1/2 weeks ago

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? NO WHAT? _____

ARE YOU SICK OR INJURED? NO WHAT'S WRONG? _____

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

WERE YOU IN AN ACCIDENT TODAY? NO

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? NO WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? NO WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? NO WHAT? _____ WHEN? _____

DO YOU HAVE:

EPILEPSY?	<u>NO</u>
GLASS EYE?	<u>NO</u>
FALSE TEETH?	<u>NO</u>
EAR INFECTION?	<u>NO</u>
INNER EAR TROUBLE?	<u>NO</u>
DIABETES?	<u>NO</u>

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? NO

DO YOU TAKE INSULIN? NO IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? yes WHERE? California

INTERVIEWER: _____

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: 80-006478 Software: 8100.27
Date of Test: 01/27/2021

Date of Last Agency Inspection: 01/15/2021

Observation Period Began: 05:11

Subject's Name: ROGER B FOURNIER

DOB: 09/30/1962 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	05:37
	Air Blank	0.000	05:38
	Control Test	0.079	05:38
	Air Blank	0.000	05:39
	Subject Sample #1	0.097	05:39
	Air Blank	0.000	05:40
	Air Blank	0.000	05:42
	Subject Sample #2	0.097	05:42
	Air Blank	0.000	05:43
	Control Test	0.080	05:43
	Air Blank	0.000	05:44
	Diagnostics Check	OK	05:44

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 THOMAS H LEANEY, 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: 01/27/21

Sworn to (or affirmed) before me this 27th day of January, 2021

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 – 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: 2021002200	Date: 1/28/21
	Specialist Name/ID: A. Pinkney/7796