

21CT7408 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

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 21001926		
	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 1. Yes 2. No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 1216 Northlake Blvd, WPB, FL, 33403				Location of Offense (Business Name, Address) Northlake/Congress				
	Date of Arrest 05/05/2021	Time of Arrest 00:55	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle Kauff's towing		
DEFENDANT	Name (Last, First, Middle) Samuel; Campbell, Samuel H Alias (Name, DOB, Soc. Sec. #, Etc.)								
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 08/20/1992	Height 509	Weight 150	Eye Color Brn	Hair Color Brn	Complexion light	Build Small
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <input checked="" type="checkbox"/> OTHER	Indication of Alcohol Influence 1. City 2. County 3. Florida 4. Out of State 1			
	Local Address (Street, Apt. Number) 191 E 29TH CT WPB FL 33404		(City) (State) (Zip)		Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 1			
CO-DEF	Permanent Address (Street, Apt. Number) 191 E 29TH CT WPB FL 33404		(City) (State) (Zip)		Phone	Address Source FL DL			
	Business Address (Name, Street)		(City) (State) (Zip)		Phone	Occupation			
	D/L Number, State C514781923000 FL		Soc. Sec. #		INS Number	Place of Birth (City, State) FL, Lauderdale		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			
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			
	Parent Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Business Phone		Residence 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			
CHARGE	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)								
	Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property			Value of Property			
	Drug Activity S. Sell N. N/A P. Possess		S. Sell 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		
	Charge Description DRUG - Driving under the influence		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.195 (1A)		Violation of ORD #		
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias 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 / Capias Number		Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
CHARGE	Drug Activity		Drug Type	Amount / Unit	Offense #	Warrant / Capias 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 / Capias Number		Bond	
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
NOTICE TO APP-AR	Location (Court Name, Address) 31st PBA BLVD, Palm Beach Gardens, FL 33418 North County Court House								
	Court Date and Time Month 6 Day 9 Year 2021 Time 10:00 (AM) (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.								
	Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed 05/05/2021				
ADMIN	HOLD for other Agency Name:		Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee)				
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Ofc. Butzbach		I.D. # 507		(PRINT)		
	Transporting Officer Ofc. Butzbach		ID # 507		Agency PBGPD		Witness here if subject signed "X"		
	Pouch #		ID #		Agency		PAGE 1 OF 1		

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

J# 0510939

P# 2953

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 5th day of May 2021 at 00:33 ☒ AM ☐ PM

Subject: Samuel, Campbell, A Case Number: 21001926

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: Ofc. Butzbach 507

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

On Wednesday, May 5, 2021, at approximately 12:33a.m. I was on patrol in my marked Palm Beach Gardens Police Department vehicle, in the area of Northlake Boulevard and Interstate 95 (I95), Palm Beach Gardens, Florida. I observed a white Dodge Ram bearing FL tag 19JEB exit the I95 Northbound exit ramp to head East on Northlake Boulevard. The vehicle came off the exit traveling at a high rate of speed and went all the way to the left-hand lane before coming back into the middle lane of travel. I paced the truck for approximately a half of mile at 60mph in a posted 45mph. I initiated a traffic stop by activating my emergency lights signaling for the vehicle to pull over. The vehicle pulled over at the Speedway gas station on the corner of Old Dixie Highway and Northlake Boulevard.

OBSERVATION OF DRIVER:

Upon walking up to the vehicle, the driver identified himself as Samuel Campbell via Florida Driver's license. The defendant's eyes were red and watery, his eye lids were droopy, and there was the odor of an unknown alcoholic beverage emanating out of the vehicle, and he was shaking. The defendant had guns in plain sight and informed me of them. He agreed to step out of the vehicle so I could secure the guns and we could proceed with the traffic stop.

DRIVER STATEMENTS:

I asked the defendant where he was coming from and he said downtown west palm. I asked him if he had anything to drink tonight and he said no. I asked the defendant to perform standardized field sobriety task (SFST) to make sure he was able to drive. The defendant became very defensive and was informed of his Taylor Warnings. The defendant requested to provide breath on the side of the road, and I informed him that is not how the process works and requested again for him to perform the task and he agreed. Throughout the SFST's multiple times the defendant said "I cant go to jail."

ODORS: unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: _____

ATTITUDE: angry, upset, mood swings

CLOTHING: discheveled

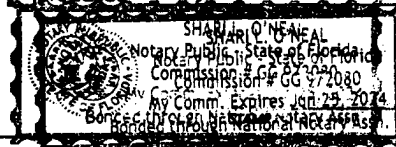
MEDICAL/OTHER: Epilepsy

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 5 day of May 2021 by Ofc. Butzbach 507 who is ☒ personally known to me or ☐ produced

S. O'Neal
Notary Public, Clerk of Court, Officer (FSS 117.10)



D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: Samuel, Campbell, A

Case Number: 21001926

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

body tremors

Walk and Turn

During the instruction phase the defendant could not maintain balance and kept stepping off of the line during the instruction phase. The defendant advised he understood the instructions. The defendant used his arms for balance during the entire exercise, his steps were not heel to toe, he stepped off of the line, and made an improper turn.

One Leg Stand

The defendant advised he understood the instructions. During the instruction phase, the defendant used his arms for balance and put his foot down.

Finger to Nose

The defendant advised he understood the instructions. During this exercise all 6 nose touches were not with the tip of with finger, they were with the pad/side of his fingers. The defendant did not touch his nose and bring his finger right back down, he held it there for approximately 2-3 seconds before bringing it back down.

Modified Rhomberg

he advised he understood the instructions, he performed this task in 30 seconds.

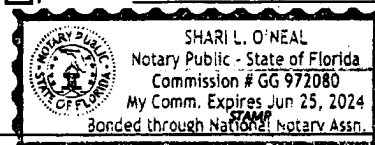
BREATH RESULTS: 1) 0.00 @ 0.00 2) 0.00 @ 3) @ 4) @

STATE OF FLORIDA
COUNTY OF PALM BEACH

SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 5 day of May 2021 by
Ofc. Butzbach 507 who is ☒ personally known to me or ☐ produced

Notary Public, Clerk of Court, Officer (FSS 117.10)



TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: CAMPBELL, SAMUEL A

CASE NUMBER: 21-062196

DATE: May 5, 2021

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 02:09

ENDING TIME: 02:21

BREATH TESTS RESULTS: 1) .000 TIME 02:13 A.M. ☒ P.M. ☐ 2) .000 TIME 02:16 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 JEANS, WHITE SHIRT, BROWN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES: GLASSY AND BLOODSHOT
DRE CONDUCTED

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 01:46 HRS.

SUBJECT: REFUSED TO ANSWER FORMAT QUESTIONS

SUBJECT: AGREED TO TAKE TEST

TECH: READ TEST RESULTS

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS

A/O: ASKED FOR A URINE SAMPLE AT 02:18 HRS

SUBJECT: STATED HE WOULD PROVIDE A URINE SAMPLE

A/O: READ I/C

SUBJECT: STATED HE UNDERSTOOD I/C AND WOULD PROVIDE A URINE SAMPLE AT 02:20 HRS

A/O: READ RIGHTS

SUBJECT: STATED HE UNDERSTOOD RIGHTS

NO Q&A CONDUCTED

SUBJECT: INVOKED HIS RIGHTS TO COUNSEL

SUBJECT: PROVIDED A URINE SAMPLE AT 02:24 HRS



PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET



PBSO Case #: 21-062196 PBSO Zone: 3-15
Agency Case #: 21001926 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 00:33 Date of Incident: 05/05/2021 Day: Wednesday
Location of Incident: Northlake/Congress

Arrest Information:

Time of Arrest: 00:55 Date of Arrest: 05/05/2021 Day: Wednesday
Location of Arrest: 1216 Northlake Blvd, WPB, FL, 33403
Subject's Name: Samuel Campbell A DOB: 08/20/1992
Race: W Sex: M Height: 509 Weight: 150
Arresting Officer's Name: Ofc. Butzbach ID#: 507
Agency: PBGPD Division: Patrol

Breath Results

- 1) .000 at 02:13 hrs.
- 2) .000 at 02:16 hrs.
- 3) URINE at 02:24 hrs.
- 4) N/A at N/A hrs.

--BAT Use--

BAT Notified: y
Arrival Time at BAT: 01:46
Subject Arrest Time: 00:55

Breath Test Operator: 24639

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: 80-006240 Software: 8100.27
Date of Test: 05/05/2021

Date of Last Agency Inspection: 04/09/2021

Observation Period Began: 01:46

Subject's Name: SAMUEL A CAMPBELL

DOB: 08/20/1992 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	02:11
	Air Blank	0.000	02:12
	Control Test	0.081	02:12
	Air Blank	0.000	02:12
	Subject Sample #1	0.000	02:13
	Air Blank	0.000	02:13
	Air Blank	0.000	02:15
	Subject Sample #2	0.000	02:16
	Air Blank	0.000	02:16
	Control Test	0.081	02:17
	Air Blank	0.000	02:17
	Diagnostics Check	OK	02:17

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: 05/05/21

Sworn to (or affirmed) before me this 5th day of MAY, 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.

SUBJECT: CAMPBELL, ANGELO 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? _____

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: _____

SUBJECT: CHARLES HAMILTON 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) _____



**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: 2021010830	Date: 5/5/2021
	Specialist Name/ID: AM/31562