

21CF3853

J# 0469002

P# 1558

A D M I N I S T R A T I O N	OBTS Number		ARREST / NOTICE TO APPEAR				1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE		
	Agency ORI Number 0501700		Agency Name Jupiter Police Department				Agency Report Number (N.T.A.'s only) 5 4 21-001592							
	Charge Type: Check as many as apply: <input checked="" 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 Enter Type: UNARMED		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business) 105 VIA CASTILLA, JUPITER, FL						Location of Offense (Business Name, Address) 105 VIA CASTILLA, JUPITER, FL 33458							
D E F E N D A N T	Date of Arrest 05/06/2021		Time of Arrest 23:58		Booking Date 05/07/2021		Booking Time 00:08		Jail Date		Jail Time			
	Name (Last, First, Middle) SHOOPMAN, SARAH ANNE		Alias (Name, DOB, Soc. Sec. #, Etc.) SHOOPMAN, SARAH ANNE SHOOPMAN, SARAH ANNE											
	Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 06/20/1980		Height 5'09		Weight 130		Eye Color BLUE			
									Hair Color BLONDE /		Complexion LIGHT			
											Build Medium			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)						Marital Status D		Religion		Indication of: Alcohol Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Drug Influence Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) (City) (State) (Zip) 2500 VIA ROYALE 2510, JUPITER, FL 33458						Phone (954) 376-1836		Residence Type: 1. City 3. Florida 2. County 4. Out of State 1					
	Permanent Address (Street, Apt. Number) (City) (State) (Zip) 2500 VIA ROYALE 2510, JUPITER, FL 33458						Phone (954) 376-1836		Address Source DAVID					
	Business Address (Name, Street) (City) (State) (Zip)						Phone		Occupation					
	D/L Number, State S155781807200 / FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) WEST PALM BEACH, FL		Citizenship US					
C O D E F	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
	Co-Defendant Name (Last, First, Middle)				Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile <input type="checkbox"/> 2. At Large <input type="checkbox"/> 4. Misdemeanor			
J U V E N I L E	<input type="checkbox"/> Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)										Residence Phone			
	<input type="checkbox"/> Legal Custodian _____										Business Phone			
	Address (Street, Apt. Number) (City) (State) (Zip)													
	Notified by: (Name)										Date			
	Released To: (Name)										Date			
C H A R G E	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: S. Sell N. N/A P. Possess S. Sell N. N/A P. Possess R. Smuggle D. Deliver E. Use K. Disperses/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. Synthetic U. Unknown Z. Other			
	Charge Description DUI - NORMAL FACULTIES IMPAIRED										Statute Violation Number 316.193(1)(A)		Violation of ORD #	
C H A R G E	Drug Activity: Drug Type: Amount / Unit: Offense #: N N / 21-001592										Counts: Domestic Violence: Warrant / Capias Number: 1 Y N		Bond:	
	Charge Description CHILD ABUSE - NEGLECT OF CHILD										Statute Violation Number 827.03, 20		Violation of ORD #	
C H A R G E	Drug Activity: Drug Type: Amount / Unit: Offense #: N N / 21-001592										Counts: Domestic Violence: Warrant / Capias Number: 2 Y N		Bond:	
	Charge Description CHILD ABUSE - NEGLECT OF CHILD										Statute Violation Number		Violation of ORD #	
I N T A K E	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 Explain:			
	Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Postest Bond <input type="checkbox"/> South County Mental Health										PROPERTY - Received By:		Released By:	
N O T I C E T O A P P E A R	Transported By:										Date Transported:		Time Transported:	
	Other:													
N O T I C E T O A P P E A R	<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) To Be Assigned By		Court Date and Time	
	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.												No Photo Available	
	Signature of Defendant (or Juvenile and Parent/Custodian)										Date Signed			
	HOLD for Other Agency										Signature of Arresting Officer		Name Verification (Printed by Arrestee)	
A D M I N	<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other										Name of Arresting Officer (Print) MCGILLICUDDY, STEVEN		I.D. # 1216	
	Initials Deputy: I.D. # Pouch #										Transporting Officer: I.D. # Agency		(PRINT) WIT	
Witness here if subject signed with an attorney												PAGE 1 OF 1		

STATE ATTORNEY

JAIL

RECORDS

JAIL

CRIME ANAL

DEFENDANT

Coleman 319

OBTS Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias		1	JUVENILE
Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001592					
Charge Type: Check as many as apply: <input checked="" 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		Special Notes:					
Name (Last, First, Middle) SHOOPMAN, SARAH ANNE		Alias SHOOPMAN, SARAH ANNE		Race W	Sex F	Date of Birth 06/20/1980	
Charge Description 316.193(1)(A) DUI - NORMAL FACULTIES IMPAIRED		Charge Description 827.03(3)(A)(1) CHILD ABUSE - NEGLECT OF CHILD					
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.</p> <p>The Person taken into custody . . .</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to _____ admitting to the below facts. </div> <div> <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation. </div> </div> <p>On the <u>6</u> day of <u>May</u>, <u>2021</u> at <u>23:18</u> (Specifically include facts constituting cause for arrest.)</p> <p>On 5/7/2021 at approximately 2318 hrs, dispatch was advised that a single vehicle car crash had just occurred in the area of 105 Via Castilla, Jupiter, Fl. Details of the call stated that the driver of the involved vehicle was incoherent and tried to bite the caller. When units arrived on scene, they observed a white Mazda (GZGC88/FL, VEHICLE-1) in final rest, against a tree, on the north side of the street. The registered owner of the vehicle, Sarah Shoopman (DEFENDANT), was still in the driver's seat of the vehicle, in actual physical control, when officers arrived. Prior to my arrival, co-traffic crash investigator Brandt began the traffic crash investigation.</p> <p>I arrived on the scene at approximately 2335 hrs. Shoopman was in the process of being transported to the Jupiter Medical Center by Palm Beach County Fire Rescue when I arrived. I made contact with Officers on scene, including Brandt. The officers advised me that Shoopman had an odor of unknown alcoholic beverage emitting from her person and that she was in possession of a large amount of prescription medication. The officers on scene advised me that Shoopman appeared impaired to the point of being incoherent.</p> <p>During the crash investigation, I along with other officers observed a child's car seat in the rear of the vehicle. Officers Matonti and Lowe responded to Shoopman's address at 2500 Via Royal, #2510, Jupiter, Fl, and discovered Shoopman's _____ completely unattended and alone. See Officer Matonti's supplement report in relation to this contact. The children were identified as _____ (5 years old) and _____ (8 years old). Officer Matonti advised me that it was clear both children had been neglected as they had been left at home, without proper care for quite some time.</p> <p>I responded to the hospital from the crash scene, and arrived at approximately 2344 hrs. I made contact with Shoopman inside of her ER hospital room, where Officer Raleigh was already present. It became clear within the first few seconds of interacting with</p>							
SWORN AND SUBSCRIBED BEFORE ME <div style="display: flex; justify-content: space-between;"> <div> <u>RALEIGH, ELIZABETH</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10) <u>05/07/2021</u> DATE </div> <div> <u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER <u>MCGILLICUDDY, STEVEN (1216)</u> NAME OF OFFICER (PLEASE PRINT) <u>05/07/2021</u> DATE </div> </div>							

OBT'S Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number FL 0501700	Agency Name JUPITER POLICE DEPARTMENT	Agency Report Number 5 4 21-001592						
Charge Type: Check as many as apply.		<input checked="" type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:					
Name (Last, First, Middle) SHOOPMAN, SARAH ANNE		Alias SHOOPMAN, SARAH ANNE		Race W	Sex F	Date of Birth 06/20/1980			
<p>Shoopman that she was impaired to the point that she was almost verbally incoherent. Shoopman had an overwhelming odor of unknown alcoholic beverage emitting from her person, which intensified as she spoke. She had red, glassy bloodshot eyes. She spoke not only with slurred speech, but almost unintelligible language.</p> <p>I spoke with Shoopman and advised her that I was one of the crash investigators for her incident and that the crash investigation was now completed. I then advised her that I was moving into a criminal DUI investigation. I then read Shoopman her rights from a prepared card. Shoopman, apparently due to her high degree of intoxication, seemed to not completely understand. I then re-read her Miranda rights from the prepared card and was satisfied that she had understood what was said. Shoopman refused to answer questions about drinking alcohol or taking medication. I asked Shoopman if she would participate in field sobriety exercises and she refused. I then read Shoopman her Taylor warning multiple times. Shoopman ultimately refused to participate in field sobriety exercises. Based on my investigation, my observations and the totality of the circumstances, I had probable cause at this point to believe that Shoopman had been in actual physical control of a vehicle while under the influence of an alcoholic beverage, chemical or controlled substance, to the point that her normal faculties were impaired, contrary to F.S.S. 316.193(1).</p> <p>I was notified at approximately 0100 hrs that Shoopman was going to be at the hospital for several hours due to her apparent level of intoxication and the various tests required prior to her being medically cleared. Due to this circumstance, obtaining a breath sample from Shoopman was clearly impossible and impractical. I advised Shoopman of such and requested that she submit to a blood test. She refused. I then read her the blood implied consent language from a prepared card. Shoopman ultimately refused to submit to a blood test, with a marked refusal time of 0110 hrs.</p> <p>Based on the above investigation, I additionally find probable cause that Shoopman did neglect [REDACTED] and [REDACTED], willfully and without causing great bodily harm, contrary to F.S.S. 827.03(3) (A) (1). The children's [REDACTED] (IO-1), responded to the house and took custody of the children. I contacted the Department of Children and Families and spoke with Operator Carmella (ID #053) who advised that she would be accepting the report. Additionally, N/FCIC shows Shoopman as currently on federal probation. I emailed the probation officer detailing the circumstances of our contact with Shoopman.</p> <p>Shoopman was eventually medically cleared and booked into the Palm Beach County Jail. BWC.</p>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>SWORN AND SUBSCRIBED BEFORE ME</p> <p>RALEIGH, ELIZABETH <i>ELC 58142</i></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p>05/07/2021</p> <p>DATE</p> </div> <div style="width: 45%;"> <p>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</p> <p>MCGILICUDDY, STEVEN (1216)</p> <p>NAME OF OFFICER (PLEASE PRINT)</p> <p>05/07/2021</p> <p>DATE</p> </div> </div>									
								PAGE 2 OF 2	

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P.I.O.

MAY 08 2021

WITNESS LIST

CASE NUMBER: 21-001592

ARRESTING OFFICER: McGillicuddy

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME): _____ (WORK) (561) 746-6201

CAN TESTIFY TO: PC for arrest/Traffic Crash Investigation

NAME: Ofc. Brandt

ADDRESS: 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Traffic Crash Report/Investigation

NAME: Ofc. Raleigh

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Backup on Investigation

NAME: Officer Matonti

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Backup on Investigation

NAME: MPO Marinucci

ADDRESS 196 Military Trl. Jupiter, FL 33458

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: Backup on Investigation

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

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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

MAY 08 2021

SUBJECT: SHOOPMAN, SARAH ANNE

CASE NUMBER: 21-001592

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 Officer McGillicuddy of the Jupiter Police Department

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: BLOOD LANGUAGE READ ON BWC SHOOPMAN, SARAH ANNE

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

You have the right to remain silent and not answer any questions.

Any statement must be freely and voluntarily given.

You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.

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.

If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.

I can make no threats or promises to induce you to make a statement. This must be of your own free will.

Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: READ ON BWC SHOOPMAN, SARAH ANNE

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BLOOD TEST

I, Officer McGillicuddy, a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)
am a member of Jupiter Police Department, and I do swear
(Name of law enforcement agency)

or affirm that on or about the 6TH day of MAY, 20 21, at 2358 ☒ P.M. ☐ A.M.

DRIVER SARAH ANNE SHOOPMAN
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME
DL# S155-781-80-720-0, state of FLORIDA, appeared for treatment at a hospital,

clinic, or other medical facility pursuant to s. 316.1932(1)(c), Florida Statutes, and a breath or urine test was impossible or impractical.

That on or about the 7TH day of MAY, 20 21, at 0110 ☐ P.M. ☒ A.M.
in Palm Beach County,

I requested that the driver submit to a blood test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances in his or her blood. I informed the driver that refusal to submit to a blood test 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 if he or she holds a CDL, or was operating a CMV, refusal would 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 had been previously disqualified as a result of a refusal to submit to a breath, urine or blood test. The driver nonetheless refused to submit to a blood test.

[Signature]
Signature of Law Enforcement Officer or
Correctional Officer

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

The foregoing instrument was sworn and subscribed before me:

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 7TH day of MAY, 20 21,
by Officer McGillicuddy 388,
who is personally known to me or who has produced

Personally Known as identification

Notary Public [Signature] 3/30/22

HSMV-BAR1002 (REV. 10/16)

[Signature]
Signature of Attesting Officer

Title Officer

Date 5-07-21

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.

SCANNED
MAY 08 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 202101059	Date: 05/08/2021
	Specialist Name/ID: C. Denzel/8691

SCANNED
MAY 08 2021