

20CT2309 MB
1243

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ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06- 20-035110	
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"/> 8. Other
Location of Arrest (Including Name of Business) 2201 45th STREET WPB, FL 33407 (JFK HOSPITAL)			Location of Offense (Business Name, Address) 2424 N CONGRESS AVENUE WPB, FL			
Date of Arrest 02/06/2020	Time of Arrest 20:46	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle STEVE'S TOWING

Name (Last, First, Middle) MOWATT, TAMARA, ALISHA		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex B	Date of Birth 11/20/1982	Height 5'03	Weight 125	Eye Color BRW	Hair Color BRW
Complexion MED		Build MED		Indication of Alcohol Influence Y <input type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
Local Address (Street, Apt. Number) 2014 Normandy Cir West Palm Bch, FL 33409			Phone (561) 246-9787	Residence Type: 1. City 3. Florida 2. County 4. Out of State 2		
Business Address (Name, Street)			Address Source FLORIDA DRIVER LICENSE			
DL Number, State M300-801-82-920-0, FL		Soc. Sec. Number	INS Number	Place of Birth (City, State) WPB, FL		Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested	<input type="checkbox"/> 3. Felony
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 2. At Large	<input type="checkbox"/> 4. Misdemeanor
Address (Street, Apt. Number)			(City)	(State)	(Zip)
Notified by: (Name)			Date	Time	Juvenile Disposition 1. Handed/processed within Dept. and Released.
Released To: (Name)			Relationship	Date	Time

The above address provided by defendant and / or 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.

Yes, by: (Name) No: (Reason)

School Attended: _____ Grade: _____

Property Crime? Yes No

Description of Property: _____ Value of Property: _____

Drug Activity N. Possess	S. Sell B. Buy T. Traffic	R. Smuggle 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 DUI w/PROPERTY DAMAGE						Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(3)(c)	Violation of ORD #		
Drug Activity N	Drug Type N	Amount / Unit \$2500.00	Offense # 20-035110			Warrant / Capias Number			Bond		

Location (Court Room Number, Address)
CRIMINAL JUSTICE COMPLEX / 3228 GUN CLUB ROAD, WPB, FL 33406

Court Date and Time
Month **MARCH** Day **5th** Year **2020** Time **08:30** 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 **02/06/2020**

HOLD for other Agency Name:	Signature of Arresting Officer Inv. Schaefer #8777	Name Verification (Printed by Arrestee) Tamara
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest	Name of Arresting Officer (Print) INV. J. SCHAEFER	I.D. # 8777
<input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Transporting Officer INV. J. SCHAEFER	ID # 8777
Intake Deputy Sam 8101	I.D. #	Pouch #
Agency PBSO		Witness here if subject signed with an -X- <input type="checkbox"/>

SCANNED
FEB 07 2020

552185

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6th DAY OF FEBRUARY 20 20, AT 19:15 AM PM
SUBJECT: MOWATT, TAMARA, ALISHA CASE NUMBER: 20-035110

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. J. SCHAEFER

PERSONAL CONTACT

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

On 02/06/2020 at approximately 19:50hrs, I was dispatched to the scene of a motor vehicle crash without injuries at 2424 North Congress Avenue, which is located in unincorporated WPB, Palm Beach County, Florida. After my independent crash investigation, based on physical evidence, and witness statements, I determined that, at approximately 19:15hrs, the defendant, did indeed crash into a chain link fence. (See PBSO crash case #20-035101) Witness PBC Fire-Medic Yadian Mederos, identified the defendant, as the driver and sole occupant, of the black 2016 Jeep Cherokee Laredo bearing Florida tag Z28-AHF at the time of the crash. Mederos completed a written sworn statement as to the events which transpired surrounding the crash and placed the defendant behind the wheel. D/S Patrick Scartozzi #21289 relayed to me that the defendant had articulable indicators of impairment, so he called for a DUI Unit to conduct a possible DUI investigation.

OBSERVATION OF DRIVER:

Upon making contact with the driver who was identified by her Florida driver license as "TAMARA ALISHA MOWATT", I immediately detected an obvious and strong odor of an unknown alcoholic beverage emanating from her person and face area. This odor intensified as I spoke to Mowatt. Mowatt had glassy, glazed, and blood shot eyes. Mowatt's speech was slurred, slow, thick, and difficult to understand. Mowatt's movements were slow, deliberate, and lethargic. Mowatt had difficulty following directions given to her. Mowatt was wearing a black shirt, blue jeans, and no shoes. All the clothing appeared disheveled and Mowatt later urinated herself without ever asking to use the restroom.

DRIVER'S STATEMENTS:

Pre-Miranda: Mowatt stated she did not know what happened regarding the crash.

Mowatt made post Miranda admissions that she was driving and was involved in an accident. Mowatt participated in Q&A but made incoherent statements and answered "no" to drinking but "yes" to how much and "yep" to can you feel the effects of the alcohol.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emanating from her person and face area which intensified as I spoke to Mowatt.

GENERAL OBSERVATIONS

SPEECH: Mowatt's speech was slurred, slow, and thick, and at times difficult to understand.

ATTITUDE: indifferent, sleepy

CLOTHING: black shirt, blue jeans, and no shoes

MEDICAL/OTHER: none

STATE OF FLORIDA
COUNTY OF PALM BEACH

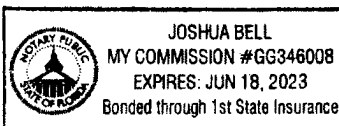
INV. J. SCHAEFER Inv. J. Schaefer #8777

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of FEBRUARY 20 20 by INV. J. SCHAEFER

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

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



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FEB 07 2020

SUBJECT MOWATT, TAMARA, CASE NUMBER 20-035110

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

WALK & TURN:

NOT PERFORMED

ONE LEG STAND:

NOT PERFORMED

FINGER TO NOSE:

NOT PERFORMED

ROMBERG ALPHABET:

NOT PERFORMED

BREATH TEST RESULTS: BLOOD

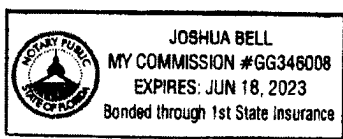
STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. J. SCHAEFER *Inv. J. Schaefer #8777*
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6th day of FEBRUARY 2020 by INV. J. SCHAEFER

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

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



SCANNED
FEB 07 2020

SUBJECT: MOWATT, TANAKA ALISHA CASE NUMBER: 20-035110

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? IDK

WHAT STREET OR HIGHWAY WERE YOU ON? NO

DIRECTION OF TRAVEL? NO WHERE DID YOU START? IDK

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? IDK

WHAT IS TODAY'S DATE? 2/6 WHAT DAY OF THE WEEK IS IT? WED

WHAT COUNTY AND CITY ARE YOU IN NOW? NO

WHEN DID YOU LAST EAT? THURS WHAT DID YOU EAT? THURS

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

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? NO WHAT? _____

HOW MUCH? YES WHERE? YEAH WITH WHOM? Nobody

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? YEP ARE YOU UNDER THE INFLUENCE? NO

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? NO WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

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? _____
- GLASS EYE? _____
- FALSE TEETH? _____
- EAR INFECTION? _____
- INNER EAR TROUBLE? _____
- DIABETES? _____

NO

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? NO WHERE? _____

INTERVIEWER: Inv. Gschlender #8777 / J Schaefer

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FEB 07 2020

SUBJECT: ,, TAMARA ALISHA MOWATT

CASE NUMBER: 20- 035110

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 o chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST

I am _____ of the PBSO

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: _____ ,,

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: 

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FEB 07 2020

PALM BEACH COUNTY

SHERIFF'S OFFICE

RIC L. BRADSHAW, SHERIFF



BLOOD, URINE, SALIVA CONSENT FORM

Date: 02/06/2020

PBSO Case # 20-035110

I, TAMARA ALISHA MOWATT freely, knowingly and voluntarily give my consent for Doctor / Nurse / Paramedic / Phlebotomist Derrick Cleveland, RN to obtain a sample (s) of my blood, urine, saliva for DNA, ethanol and/or other analysis or comparison that the Palm Beach County Sheriff's Office may deem necessary.

I consent to the obtaining of sample(s) of my blood, urine or saliva with the full understanding that the results of any such analysis may be used against me in a court of law, and hereby attest that I am not submitting due to coercion, duress, or promises, that I am consenting to the aforementioned of my own free will.

Signature: [Handwritten Signature]

Witness by:

Inv. [Handwritten Signature] #8777
Inv. [Handwritten Signature] #8723

MOWATT, TAMARA
L00091528246 PRE ER
02/06/20
DOB: 11/20/82 37 /F MR# L367788
JFK NORTH CAMPUS WEST PALM BEACH, FL



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FEB 07 2020

Florida Department of Law Enforcement Alcohol Testing Program

CERTIFICATION OF BLOOD WITHDRAWAL

I certify that as a physician, certified paramedic, registered nurse, licensed practical nurse, or other person authorized by a hospital to draw blood, or as a licensed clinical laboratory director, supervisor, technologist or technician, I am authorized by 316.1932, 316.1933, 322.63, 327.352 and 327.353, Florida Statutes, to withdraw blood at the request of a law enforcement officer. I certify that on 02/06/2020 I

withdrew blood from , , TAMARA ALISHA MOWATT at the request of
(Driver)

INV. J SCHAEFER The blood sample(s) were collected and labeled in accordance
(Officer)

with the provisions of Rule 11D-8.012, Florida Administrative Code. Before collecting the blood sample(s), the skin was cleansed with an antiseptic that did not contain alcohol. The blood sample(s) were collected in glass evacuation tubes that contained a preservative and an anticoagulant. immediately after collection, the tubes were inverted several times. The blood collection tubes were labeled with the name of the person tested, the date and time the sample(s) were collected and the initials of the person who collected the sample(s).

Derrick Cleveland
(Printed name of person withdrawing blood)

ER R.N.

(Title)

[Signature]
(Signature)

02/06/2020
(Date)

May also be used in administrative proceedings pursuant to s. 322.2615, Florida Statutes. To be forwarded to the local Bureau of Driver Improvement Office, Division of Driver Licenses, Department of Highway Safety and Motor Vehicles.

LABORATORY ANALYSIS REQUEST

This Form Must Be Included With the Property Receipt and Accompany the Evidence Submitted for Toxicology Analysis
PRINT LEGIBLY OR TYPE

Agency: PALM BEACH COUNTY SHERIFF'S OFFICE Case #: 20-035110
Officer: INV. J. SCHAEFER ID#: 8777 District: VCD/DUI Division: VCD Phone #: (561) 688-4001
Email: SchaeferJ@pbso.org

Specimen Collected By: DERRICK CEVELAND Date: February 6, 2020 Time: 21:46/21:47

Specimen Collected From: MOWATT,, TAMARA,, ALISHA Age: 37 Sex: F Hgt: 5'03 Wgt: 125

Specimen Type: Blood Urine Beverage Other-Describe

Type of Case: Traffic Accident Fatality DW/DUI Other Date: 02/06/2020 Time: 19:15

Was any medication administered by medical personnel prior to sample being drawn: Yes No

If yes, name of Medication(s): _____

Subject Arrested: Yes No

Breath Test Performed? Yes No Reading: BLOOD

Tests requested: Blood Alcohol Blood Drug Screen Urine Drug Screen

NOTE: Blood Alcohol analysis is performed on all blood specimens. Requested Blood Drug Screen may not be performed based on the laboratory protocol. If you have any questions, please contact the Chemistry/Toxicology Manager at 561-688-4203.

DRE exam performed: Yes No DRE Officer: _____ Agency: _____

DRE Opinion: _____

Drug History and Signs of Impairment (Please list any drugs, medications, or prescriptions the subject may have taken or were in his/her possession.)

A obvious and strong odor of an unknown alcoholic beverage emitting from her person and face area. This odor intensified as I spoke to Mowatt. Mowatt had glassy, glazed, and blood shot eyes. Mowatt's speech was slurred, slow, thick, and at times difficult to understand. Mowatt's movements were slow and deliberate. Mowatt was lethargic in her movements with poor coordination.

WITNESS LIST

CASE NUMBER: 20-035110

ARRESTING OFFICER: INV. J. SCHAEFER

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME): _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SEE DUI PROBABLE CAUSE AFFIDAVIT, OFFENSE REPORT, & IN-CAR VIDEO

NAME: INV. D. SCHNEIDER #8723

ADDRESS: 3228 GUN CLUB ROAD WEST PALM BEACH, FL 33406

PHONE NUMBERS (HOME) _____ (WORK) (561) 688-4001

CAN TESTIFY TO: SIGNS OF IMPAIRMENT

NAME: YADIAN MEDEROS (PBCFD STATION 24)

ADDRESS 5803 CHURCHILL CIRCLE WEST WPB, FL 33405

PHONE NUMBERS (HOME) (561)358-1745 (WORK) (561) 616-7000

CAN TESTIFY TO: WHEEL WITNESS

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: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NOT A CERTIFIED COPY

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FEB 07 2020



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)
I/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: 2020004210	Date: 2/7/2020
	Specialist Name/ID: Gammage/5660

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FEB 07 2020