

J#0429360 50-2020 CT-009885 ANB PH# 493

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 502600</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number (N.T.A.'s only) <b>78-20-003686</b>		
	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"/> 6. Other		Weapon Seized / Type <b>2</b> 1. Yes 2. No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) <b>PGA BLVD/SHADY LAKES DR, PBG FL</b>				Location of Offense (Business Name, Address) <b>PGA BLVD/SHADY LAKES DR, PBG FL</b>				
	Date of Arrest <b>08/15/2020</b>	Time of Arrest <b>22:13</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING &amp; RECOVERY 4301 East Avenue, West Palm Beach, FL 33405</b>		
Name (Last, First, Middle) <b>SPEYER, THOMAS, G</b>								Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>07/27/1959</b>	Height <b>6"0</b>	Weight <b>220</b>	Eye Color <b>HAZEL</b>	Hair Color <b>GREY</b>	Complexion <b>MEDIUM</b>	Build <b>MEDIUM</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>Divorced</b>	Religion <b>CATHOLIC</b>	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input checked="" type="checkbox"/> Unk.			
Local Address (Street, Apt. Number) <b>300 N A1A BLDG F404</b>		(City) <b>JUPITER</b>	(State) <b>FL</b>	(Zip) <b>33477</b>	Phone <b>(561) 222-0068</b>	Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>1</b>			
Permanent Address (Street, Apt. Number) <b>300 N A1A BLDG F404</b>		(City) <b>JUPITER</b>	(State) <b>FL</b>	(Zip) <b>33477</b>	Phone <b>( )</b>	Address Source			
Business Address (Name, Street) <b>( )</b>		(City) <b>( )</b>	(State) <b>( )</b>	(Zip) <b>( )</b>	Phone <b>( )</b>	Occupation <b>SELF EMPLOYED</b>			
D/L Number, State <b>S-160-827-59-267-0 FL</b>		Soc. Sec. Number <b>( )</b>		INS Number		Place of Birth (City, State) <b>CHICAGO, IL</b>		Citizenship <b>US</b>	
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	
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 <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle)		Residence Phone <b>( )</b>		Address (Street, Apt. Number) <b>( )</b>		Business Phone <b>( )</b>			
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 S. Sell N. N/A P. Possess		S. Sell B. Buy T. Traffic		R. Smuggle D. Deliver E. Use		K. Dispense/ Distribute		M. Manufacture/ Produce/ Cultivate	
Drug Type N		Amount / Unit		Offense #		Statute Violation Number <b>316.193(1)(A)</b>		Violation of ORD #	
Drug Activity N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Drug Activity N		Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #	
Drug Activity N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Drug Activity N		Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #	
Drug Activity N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Drug Activity N		Amount / Unit		Offense #		Statute Violation Number		Violation of ORD #	
Drug Activity N		Amount / Unit		Offense #		Warrant / Capias Number		Bond	
Location (Court Room Number, Address) <b>NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410 - PH: (561) 662-6700</b>									
Court Date and Time Month <b>SEPTEMBER</b> Day <b>16</b> Year <b>2020</b> Time <b>10:00</b> AM <input checked="" type="checkbox"/> 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 <b>08/15/2020</b>			
HOLD for other Agency Name:		Signature of Arresting Officer <b>(Signature)</b>		Name Verification (Printed by Arrestee)					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Releated Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>Ofc. ANDREW FLINK</b>		I.D. # <b>514</b>		(PRINT)	
Intake Deputy <b>(Signature)</b>		I.D. # <b>( )</b>		Pouch # <b>( )</b>		Transporing Officer <b>ANDREW FLINK</b>		ID # <b>514</b>	
				Agency <b>PBPGD</b>		Witness here if subject signed with an "X"		PAGE <b>1</b> OF <b>1</b>	

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 15TH DAY OF AUGUST 2020, AT 2156 AM  PM

SUBJECT: SPEYER, THOMAS, G CASE NUMBER: 20-003686

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Ofc. ANDREW FLINK 514

## PERSONAL CONTACT

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

Sgt Buntin 349 said he observed the vehicle, a white Cadillac CTS (PINB57/FL) disobey multiple traffic control devices as well as traveling 10 MPH over the posted speed limit. This Officer made contact with the driver, identified via Florida Driver License photo, Thomas Speyer, while he was still in actual physical control of the vehicle.

## OBSERVATION OF DRIVER:

Speyer had watery eyes, slow slurred speech, delayed reactions to questions and commands, flushed red face, and the odor of an unknown alcoholic beverage emanating from his breath at conversational distance.

## DRIVER'S STATEMENTS:

Speyer said he was coming from Duffy's and that he had consumed "a few" alcoholic beverages. Speyer also said he was driving on Jog Rd, which was nowhere near where he was observed traveling. Speyer further stated he was on his way home, which was the opposite direction from where Speyer was located.

## ODORS:

Unknown alcoholic beverage

## GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Compliant

CLOTHING: Grey shirt, black shorts, brown sandals.

MEDICAL/OTHER: None stated.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

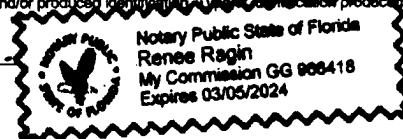
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of August 2020 by Ofc. ANDREW FLINK

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

Personally Known

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



**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:**

**Speyer had difficulty following instructions due to his level of impairment. Speyer would not keep his head still and also would look at this Officer rather than at the stimulus.**

**WALK & TURN:**

**While being instructed to assume the starting position, Speyer placed the wrong foot onto the line multiple times. Speyer had difficulty placing his feet into the proper order and argued with this Officer regarding instructions. While in the starting position, Speyer lost his balance and stepped off the line. During the exercise, Speyer raised his arms more than six inches from his sides. Speyer also missed heel-to-toe, crossed his foot over and stepped off the line multiple times. Speyer also took the incorrect amount of steps and conducted an improper turnaround. During the return set, Speyer demonstrated similar indicators.**

**ONE LEG STAND:**

**During the exercise, Speyer raised his left leg. Speyer did not keep his knee straight as instructed. Speyer swayed throughout the exercise and placed his foot down multiple times before being told to do so. Speyer also raised his arms more than six inches from his sides. On multiple occasions, Speyer lost his balance and almost fell to the pavement.**

**ROMBERG ALPHABET:**

**Not conducted**

**FINGER TO NOSE:**

**Not conducted**

**BREATH TEST RESULTS:** 1) REF 2) REF 3) - 4) -

STATE OF FLORIDA  
COUNTY OF PALEM BEACH

*[Signature]*  
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 15th day of August 2020 by Ofc. ANDREW FLINK

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification, as indicated hereon produced Personally Known

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



# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Syeyer, Thomas G.

CASE NUMBER: 20-097723

DATE: Aug 15, 2020

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 23:10

ENDING TIME: 23:17

BREATH TESTS RESULTS: 1) Refusal TIME 23:13 A.M.  P.M.  2) N/A TIME \_\_\_\_\_ A.M.  P.M.   
3) N/A TIME \_\_\_\_\_ A.M.  P.M.  4) N/A TIME \_\_\_\_\_ A.M.  P.M.

BREATH OPERATOR: R. Ragin # 16877

MAINTENANCE TECHNICIAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Cooperative

CLOTHING: Black shorts, gray and white shirt, brown sandals

MEDICAL CONDITIONS: Heart condition

MEDICATIONS: Doesn't know the name of it

## OTHER:

Eyes Red  
Odor of unknown alcoholic beverage on breath.  
Stated he had two beers in Q&A.

# REFUSED

## COMMENTS:

Arrived at center A/O started 20 minute observation period at 22:48 hrs.

Subject refuse to take test.

A/O read I/C.

Subject stated he understood I/C and would refuse to take test.

A/O read rights.

Subject stated he understood rights.

A/O conducted Q&A.

Subject answer questions.

# REFUSED



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

PBSO CASE # 20-097723 PBSO ZONE 3-13

AGENCY CASE # 20-003686 CRASH CASE # \_\_\_\_\_

TIME OF STOP/CRASH 2156 DATE 08/15/2020 DAY Saturday

SUBJECT'S NAME SPEYER THOMAS G RACE W SEX M  
LAST FIRST MID

HGT 6"0 WGT 220 DOB 07/27/1959

LOCATION PGA BLVD/SHADY LAKES DR, PBG FL

ARRESTING OFFICER'S NAME & ID Ofc. ANDREW FLINK 514 AGENCY PBGPD

DIVISION: TRAFFIC UNIT

NOTIFIED BY COMMO YES

ARRIVAL AT FACILITY 22:48

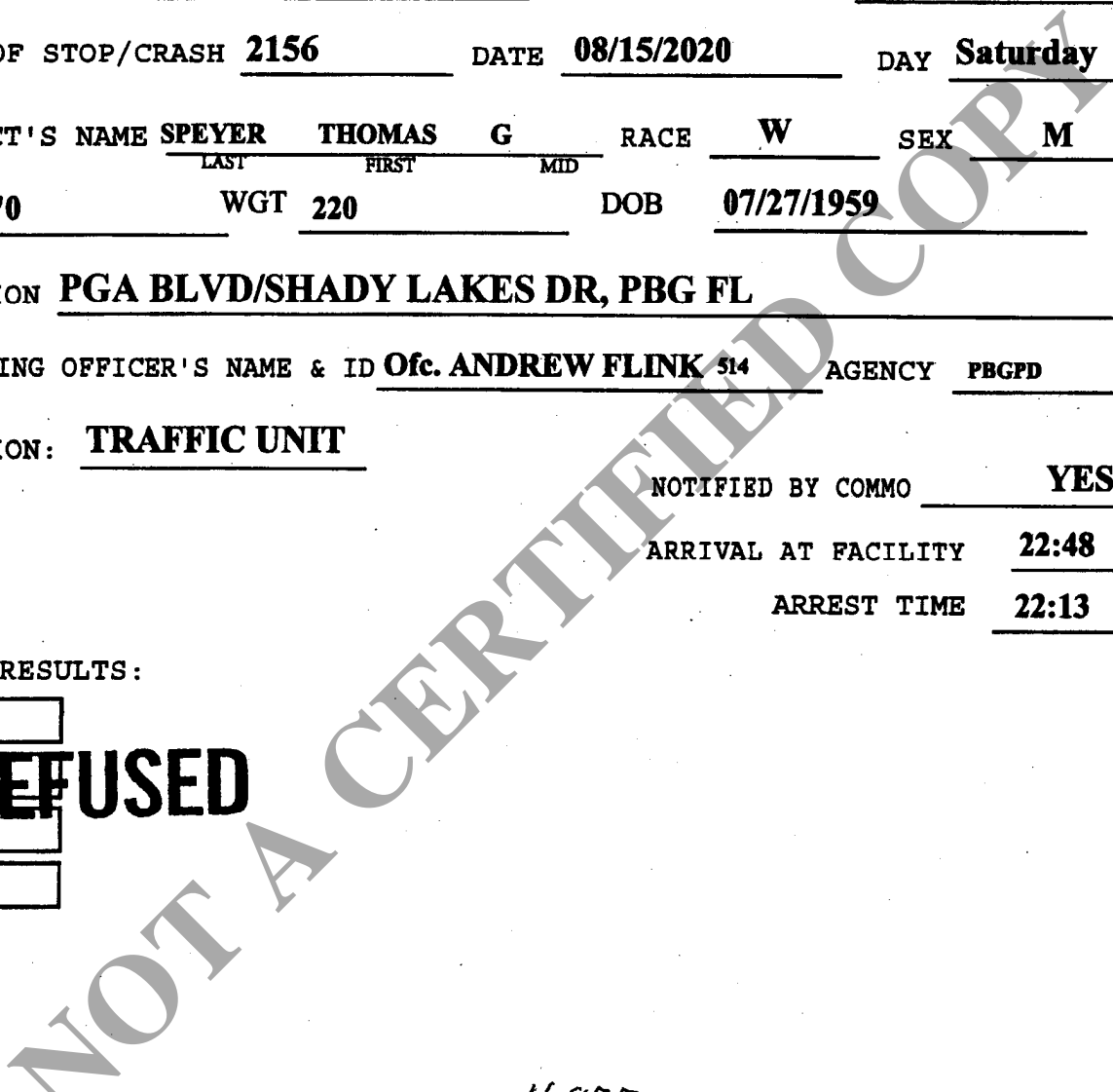
ARREST TIME 22:13

**BREATH RESULTS:**

- 1)
- 2)
- 3) -
- 4) -

**REFUSED**

BREATH TEST OPERATOR: 16877



**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES**  
**AFFIDAVIT OF REFUSAL TO SUBMIT TO**  
**BREATH AND/OR URINE TEST**

I, Ofc. ANDREW FLINK, a duly certified Law Enforcement Officer or Correctional Officer,  
(Name of Officer reading Implied Consent Warning)

am a member of Palm Beach Gardens Police Department, and I do swear  
(Name of law enforcement agency)

or affirm that on or about the 15th day of August, 20 20, at 22:13  P.M.  A.M.

DRIVER THOMAS G SPEYER  
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# S-160-827-59-267-0, state of FL, was placed under lawful arrest for

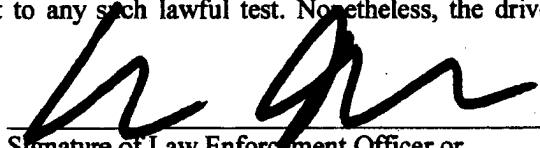
the offense of DRIVING UNDER THE INFLUENCE by Ofc. ANDREW FLINK and  
(Name of Arresting Officer)

issued Citation # A56HBLE

That on or about the 15th day of August, 20 20, at 2313  P.M.  A.M.

in PALM BEACH County.

I requested that the driver submit to a  breath and/or  urine test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) 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 he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will 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 has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

  
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:

Signature of Attesting Officer

Title

Date

8/15/2020

(AFFIX SEAL)  
The foregoing instrument was sworn and subscribed before

me this 15th day of August, 20 20,

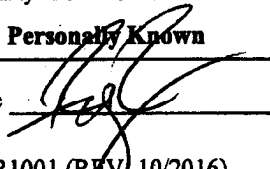
by Ofc. ANDREW FLINK,

who is personally known to me or who has produced

Personally Known

as identification

Notary Public



HSMV-BAR1001 (REV. 10/2016)

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.

SUBJECT: Spencer, Thomas G. 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? yes

WHERE WERE YOU GOING? home

WHAT STREET OR HIGHWAY WERE YOU ON? PGA Blvd

DIRECTION OF TRAVEL? W WHERE DID YOU START? A1A

WHAT TIME DID YOU START? Unknown WHAT TIME IS IT NOW? Unknown

WHAT IS TODAY'S DATE? Unknown WHAT DAY OF THE WEEK IS IT? Ex Saturday

WHAT COUNTY AND CITY ARE YOU IN NOW? PRC

WHEN DID YOU LAST EAT? 3 hours WHAT DID YOU EAT? Nothing

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? Dinner been going home

HOW MUCH DO YOU WEIGH? 220 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? No 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? Self Employed WHEN DID YOU LAST WORK? —

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? — WHAT? Heart Condition

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? \_\_\_\_\_  
GLASS EYE? \_\_\_\_\_  
FALSE TEETH? \_\_\_\_\_  
EAR INFECTION? \_\_\_\_\_  
INNER EAR TROUBLE? \_\_\_\_\_  
DIABETES? \_\_\_\_\_

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? IL.

INTERVIEWER: OR Feink 514

SUBJECT: Speyer, Thomas G. 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 CE. LIND of the FRUIT

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 Lincoln 02/11

## 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 Lincoln



**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: 2020019465	Date: 08/16/2020
	Specialist Name/ID: AM/31562