

0543023

234715698

449

Marcy's Law CVI FL. Const. Art. 1 § 16(b)

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

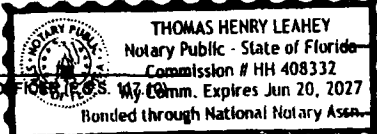


1 Juvenile N

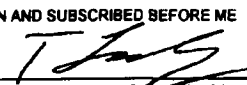
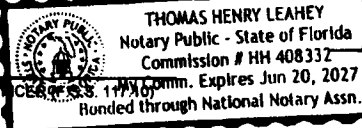

OBTS Number		Agency ORI Number <b>FLO 5 0 2 6 0 0</b>		Agency Name <b>PALM BEACH GARDENS POLICE DEPARTMENT</b>		Agency Report Number <b>78 - 23004402</b>	
Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type 1. Yes 2. No	
Location of Arrest (Including Name of Business) <b>INTERSTATE 95 NB ON RAMP FROM PGA BLVD, PALM BCH GDNS, FL 33410</b>				Location of Offense (Business Name, Address) <b>N MILITARY TRL/PGA BLVD, PALM BEACH GARDENS, FL, 33410</b>			
Date of Arrest <b>08/31/2023</b>	Time of Arrest <b>02:24</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407</b>	
Name (Last, First, Middle) <b>RECKWERDT, CAILIN, ANNE</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex <b>F</b>	Date of Birth <b>03/06/1996</b>	Height <b>411</b>	Weight <b>98</b>	Eye Color <b>GRN</b>	Hair Color <b>BRO</b>	Complexion <b>LGT</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status <b>SINGLE</b>	Religion <b>OTHER</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Local Address (Street, Apt. Number) <b>17294 129ND DR N,</b>		(City) <b>JUPITER, FL 33478</b>		(State) <b>FL</b>		(Zip) <b>33478</b>	
Permanent Address (Street, Apt. Number) <b>17294 129ND DR N,</b>		(City) <b>JUPITER, FL 33478</b>		(State) <b>FL</b>		(Zip) <b>33478</b>	
Business Address (Name, Street)		(City)		(State)		(Zip)	
DL Number, State <b>R263101965860 FL</b>		Soc. Sec. #		INS Number		Place of Birth (City, State) <b>SOUTH MIAMI, FL</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	
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)		Residence Phone		Business Phone	
Address (Street, Apt. Number)		(City)		(State)		(Zip)	
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 355-2526) 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 N. N/A P. 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. Synthetic		U. Unknown Z. Other	
Charge Description <b>DRIVING UNDER THE INFLUENCE OVER .08</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(1)(C)</b>		Violation of ORD #	
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>.226</b>	Offense #		Warrant / Capias Number	
Bond <b>O R</b>		Charge Description <b>DUI OVER .15</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(4)</b>	
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>.226</b>	Offense #		Warrant / Capias Number	
Bond <b>O R</b>		Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number	
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PROBABLE CAUSE AFFIDAVIT

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

1 JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0502600</b>			Agency Name <b>Palm Beach Gardens Police Department</b>			Agency Report Number <b>7   8   23-004402</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	Special Notes:		
Name (Last, First, Middle) <b>RECKWERDT, CAILIN ANNE</b>							Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/06/1996</b>
Charge Description <b>316.193(1)(C) DUI - BREATH .08 OR ABOVE</b>				Charge Description <b>316.193(4) DUI - BRAC ABOVE .15</b>					
Victim's Name (Last, First, Middle) <b>State Of Florida</b>							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> <p><input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.</p> <p><input type="checkbox"/> confessed to _____ admitting to the below facts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>31</b> day of <b>August</b>, <b>2023</b> at <b>02:14</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 08/31/2023 at approximately 0214 hours, this Officer arrived in the area of the Interstate 95 north bound ramp from PGA Blvd, PBG, FL, to assist Ofc Lovett 523 with a traffic stop. Body worn camera and in car video were used.</p> <p>Ofc Lovett said he first observed the vehicle, a Kia Optima (DCIM01/FL) in the area of N Military Trl and PGA Blvd, PBG, FL. Ofc Lovett said the vehicle was in the middle through lane of N Military Trl and made a right-hand turn on red across the outside through lane and the divider of the right-hand turn lane, to go east bound on PGA Blvd. Ofc Lovett further stated the vehicle then overcorrected from the inside through lane, to the middle through lane, then back across almost striking the positive median.</p> <p>The Officer made contact with the driver and sole occupant, identified via Florida Driver License photo, Cailin Reckwerdt (OF) while she was still in actual physical control of same. Reckwerdt had red watery eyes, a slur in her speech, flushed red face and the obvious odor of an unknown alcoholic beverage emanating from her breath at conversational distance. Reckwerdt said she was coming from a friend's house in the city, which was the opposite direction to which she was coming. Reckwerdt also mentioned following the friend but unsure where. Reckwerdt said she was on her way home and admitted to consuming one drink of Prosecco. Reckwerdt denied consuming narcotics and/or Cannabis on this night.</p> <p>This Officer informed Reckwerdt of the concern she was driving under the influence and asked her to exit the vehicle to participate in Standardized Field Sobriety Exercises, to which she complied. Reckwerdt said she did not have any medical conditions which would affect the exercises performed.</p> <p>The first exercise conducted, was the Horizontal Gaze Nystagmus. The stimulus used was a Streamlight Stylus with an illuminated red tip. Reckwerdt had a lack of smooth</p>									
SWORN AND SUBSCRIBED BEFORE ME						 NOTARY PUBLIC / CLERK OF COURT / FIDELITY & SURETY, INC.			
DATE <b>08/31/2023</b>			 SIGNATURE OF ARRESTING / INVESTIGATING OFFICER			<b>FLINK, ANDREW S. (514)</b> NAME OF OFFICER (PLEASE PRINT)			
						DATE <b>08/31/2023</b>			
						PAGE <b>1 of 2</b>			

OBT3 Number Agency ORI Number <b>FL FL0502600</b>	<b>PROBABLE CAUSE AFFIDAVIT SUPPLEMENT</b>	1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	<b>1</b>	JUVENILE	
Agency Name <b>Palm Beach Gardens Police Department</b>		Agency Report Number <b>7   8   23-004402</b>				
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Name (Last, First, Middle) <b>RECKWERDT, CAILIN ANNE</b>				Race <b>W</b>	Sex <b>F</b>	
Date of Birth <b>03/06/1996</b>						
P R O B A B L E C A U S E S T A T E M E N T	<p>pursuit in both eyes and sustained involuntary jerking in both eyes at maximum deviation. She also had the onset of Nystagmus prior to 45 degrees in both eyes as well as Vertical Gaze Nystagmus in both eyes. Reckwerdt had to be reminded to keep her head still and properly follow the stimulus.</p> <p>The second exercise conducted, was the Walk and Turn. The line used was a strip of yellow tape placed upon the pavement by this Officer. During the instructions, Reckwerdt started prior to being told to do so. During the first set of steps, Reckwerdt missed heel-to-toe three times and raised her right arm from her side. During the return set of steps, Reckwerdt missed heel-to-toe five times.</p> <p>The third exercise conducted, was the One-Leg Stand. During the exercise, Reckwerdt raised her right foot. Reckwerdt raised her arms more than six inches from her sides and swayed side-to-side. Reckwerdt placed her foot down one time prior to being told to do so.</p> <p>Based on this Officer's observations, Reckwerdt was placed under arrest at 0224 hours. At the PBSO BAT, this Officer conducted the 20 minute observation period with no issues. This Officer requested Reckwerdt provide a breath sample for the purpose of determining its alcohol content, to which she asked to call her father. This Officer read Florida Implied Consent to Reckwerdt, to which she acknowledged and consented. At 0321 hours she blew .226 and at 0324 hours, she blew .226.</p> <p>Based on the results of the investigation, this Officer has probable cause to charge Calin Reckwerdt with driving under the influence to the extent her normal faculties were impaired, with an unlawful breath alcohol content, in violation of FSS 316.193(1)(C). The extent Reckwerdt was impaired by alcohol, was in violation of FSS 316.193(4).</p>					
A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME  NOTARY PUBLIC / CLERK OF COURT / OFFICER <b>08/31/2023</b> DATE				 SIGNATURE OF ARRESTING INVESTIGATING OFFICER <b>FLINK, ANDREW S (514)</b> NAME OF OFFICER (PLEASE PRINT) <b>08/31/2023</b> DATE	
				PAGE <b>2 OF 2</b>		



**PALM BEACH GARDENS POLICE DEPARTMENT  
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 23-105208 PBSO Zone: 3-13

Agency Case #: 23004402 Crash Case #: \_\_\_\_\_

**Incident Information:**

Time of Stop/Crash: 0209 Date of Incident: 08/31/2023 Day: THURSDAY  
Location of Incident: N MILITARY TRL/PGA BLVD, PALM BEACH GARDENS, FL, 33410

**Arrest Information:**

Time of Arrest: 02:24 Date of Arrest: 08/31/2023 Day: THURSDAY  
Location of Arrest: INTERSTATE 95 NB ON RAMP FROM PGA BLVD, PALM BCH GDNS, FL 33410

Subject's Name: (L) RECKWERDT, (F) CAILIN, (M) ANNE

DOB: 03/06/1996 Race: W Sex: F Height: 411 Weight: 98 Hair BRO Eye GRN

Address: 17294 129ND DR N, JUPITER, FL 33478 Phone: (305) 433-1545

Arresting Officer's Name: A. FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC UNIT  Marcy's Law CVI FL Const. Art. 1 § 18(b)

**Breath Results**

- 1) .226 at 0321 hrs.
- 2) .226 at 0324 hrs.
- 3) N/A at \_\_\_\_\_ hrs.
- 4) N/A at \_\_\_\_\_ hrs.

**---BAT Use---**

BAT Notified: YES  
Arrival Time at BAT: 0253  
Subject Arrest Time: 02:24

Breath Test Operator: LEAHEY 19183  
PBSO

# TESTING FACILITY TASK REPORT

AGENCY: PBG

SUBJECT: Reckwerdt, Cailin A

DATE: Aug 31, 2023

BEGINNING TIME: 0315

ENDING TIME: 0330

CASE NUMBER: 23-105208

VIDEO DVD NUMBER: n/a

BREATH TESTS RESULTS: 1) .226 TIME 0321 A.M.  P.M.  2) .226 TIME 0324 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 TECHNICAN: Jason Karlecke #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: slurred, thick

ATTITUDE: talkative, cooperative

CLOTHING: black shorts, tan shirt, brown sandals

MEDICAL CONDITIONS: none

MEDICATIONS: none

### OTHER:

eyes were glassy & bloodshot  
odor of unknown alcoholic beverage on breath

### COMMENTS:

arrived at center A/O conducted 20 observation period at 0253 hrs

subject agreed to perform breath test - can I talk to my father in between

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

subject agreed to perform breath test

subject completed breath test

A/O read rights & subject understood rights

tech read breath test results & subject understood breath test results

A/O did not attempt Q&A

SUBJECT: Robert A. Carter 4

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 determining the presence of chemical or controlled substances.

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

I am Carter of the PBSA

If you refuse to take the test I have requested of you, your driving privilege will be suspended for a period of one (1) year for a FIRST REFUSAL, or eighteen (18) months if your driving privilege has been PREVIOUSLY SUSPENDED, or if you have been PREVIOUSLY FINED under s. 327.35215, for refusing to submit to a lawful test of your breath, urine, or blood. Additionally, if you refuse to take the test I have requested of you, and if your driving privilege has been previously suspended, or if you have been previously fined under s. 327.35215, for a refusal to submit to a lawful test of your **breath, urine** or blood, you will be committing a misdemeanor, in addition to any other penalties which can be imposed by law.

Refusal to submit to the test I have requested is admissible into evidence in any criminal proceeding.

Do you understand what I have just read to you? YES  NO  Do you still refuse to submit to this test? YES  NO

**NOTE: IF THE SUBJECT POSSESSES A COMMERCIAL DRIVER'S LICENSE (CDL), READ THE FOLLOWING,**

If you are a Commercial Driver License (CDL) holder or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privilege for a period of one year from today. If this is your SECOND REFUSAL, you will be permanently disqualified from holding a CDL or operating a CMV.

Do you understand what I have just read to you? YES  NO  Do you still refuse to submit to this test? YES  NO

SUBJECTS SIGNATURE: (X) [Signature]

## 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) [Signature]

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: Rockwood, Michael 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: [Signature]



**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: 2023022869	Date: 9/1/23
	Specialist Name/ID: T.Howard/7185