

05 10644

Check if Supplement is Attached
1. Arrest 3. Request for Warrant
2. N.T.A. 4. Request for Capias

P# 2103

ARREST / NOTICE TO APPEAR

26CT11020 SB

Agency ORI Number 0500400	Agency Name Delray Beach Police Department	Agency Report Number (N.T.A.'s only) 40 26-010357
Charge Type: Check as many as apply: ☐ 1. Felony ☐ 2. Traffic Felony ☒ 3. Misdemeanor ☐ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other	If Weapon Seized Enter Type UNARMED	Multiple Clearance Indicator 1
Location of Arrest (Including Name of Business) 1 NE 5TH AVE, DELRAY BEACH, FL		
Date of Arrest 08/26/2026	Time of Arrest 04:07	Booking Date 08/26/2026
Booking Time 04:17	Jail Date // ::	Jail Time
Location of Offense (Business Name, Address) 1 NE 5TH AVE, DELRAY BEACH, FL 33483		
Location of Vehicle		
Name (Last, First, Middle) MEMON, CHRISTOPHER MICHAEL		
Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White	Sex M	Date of Birth 05/13/1980
Height 6'02	Weight 180	Eye Color Brown
Hair Color Brown	Complexion Fair	Build LARGE
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		
Local Address (Street, Apt. Number) 161 SE 3RD AVE, DELRAY BEACH, FL 33483	(City) Delray Beach	(State) FL
(Zip) 33483	Mobile Phone 347-217-3435	Residence Type: ☐ 1. City ☐ 2. County ☒ 3. Florida ☐ 4. Out of State
Permanent Address (Street, Apt. Number) 161 SE 3RD AVE, DELRAY BEACH, FL 33483	(City) Delray Beach	(State) FL
(Zip) 33483	Phone	Address Source FL DL
Business Address (Name, Street) 161 SE 3RD AVE, DELRAY BEACH, FL 33483	(City) Delray Beach	(State) FL
(Zip) 33483	Phone	Occupation Unemployed
D/L Number, State M642290259000 / FL	Soc. Sec. Number	INS Number
Place of Birth (City, State) New York, New York	Citizenship US	
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex
Date of Birth	☐ 1. Arrested ☐ 2. At Large	☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile
Parent Legal Custodian Other	Name (Last) C. 1000	(First) C
(Middle) 1000	(State) FL	(Zip) 33483
Address (Street, Apt. Number)	Residence Phone	Business Phone
Notified by: (Name)	Date	Time
Released To: (Name)	Relationship	Date
Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT HRS/DYS 3. Incarcerated	
The above address was provided by ☐ defendant and/or ☐ defendant's parents. The child and/or parent was told to keep the Juvenile Court Clerk's Office (Phone (561) 355-6511) informed of any change of address. ☐ Yes, by (Name) ☐ No (Reason)		
Property Crime? ☐ Yes ☒ No	Description of Property	Value of Property
Drug Activity ☐ N/A ☐ 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 DUI BAL .15 OR MORE / DUI-UNDER 18 YOA PASSENGER	Counts 1	Domestic Violence ☐ Y ☒ N
Statute Violation Number 316.193 (4)	Violation of ORD #	
Drug Activity N	Drug Type /	Amount / Unit /
Offense #	Warrant / Capias Number	Bond
Charge Description	Counts	Domestic Violence ☐ Y ☒ N
Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit
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Statute Violation Number	Violation of ORD #	
Drug Activity	Drug Type	Amount / Unit
Offense #	Warrant / Capias Number	Bond
Location (Court, Room Number, Address) 200 W Atlantic Ave DELRAY BEACH		
Court Date and Time Month September Day 24 Year 2026 Time 8:30 (A.M.) P.M.	FILED PBC - GUN CLUB 26 AUG 27 AM 8:08	
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 8/26/26
I understand that standard text message rates may apply, and that I may revoke this consent via the text message system if I choose.		
Signature		
HOLD for Other Agency	Signature of Arresting Officer REED, CHARLES C	Name Verification (Printed by Arrestee) SCANNED
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other	Name of Arresting Officer (Print) REED, CHARLES C	I.D. # 1122
Transporting Officer C. REED	I.D. # 1122	Agency DBPD
Witness here if subject signed with an	1 OF 1	

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 26 DAY OF August, 2026 AT 3:36 am
IN THE CITY OF DELRAY BEACH, COUNTY OF PALM BEACH, STATE OF FLORIDA

Case No: 26-010357 Defendant: Memon, Christopher Michael
Agency: Delray Beach Police Arresting Ofc: C. Reed

PERSONAL CONTACT/DRIVING PATTEDRIVER:

The following incident occurred in the City of Delray Beach, Palm Beach County, State of Florida.

On 08/26/26 at approximately 0336 hours, I was traveling eastbound on E Atlantic Ave approaching the intersection of NE 5th Ave. I observed a tan Lexus (bearing Florida Tag SLIU91) stopped at the traffic light. As the light turned green, the vehicle made a left hand turn to head northbound on NE 5th Ave. It should be noted that NE 5th Avenue is a one-way road that runs southbound and has signs posseted.

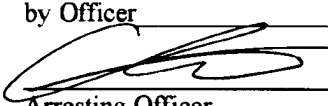
Due to the vehicle traveling the wrong way down a one way road, I activated my emergency lights and conducted a traffic stop. I made contact with the driver who was identified by his Florida Driver's License as Christopher Michael Memon. I informed Memon of the reason for the stop which he stated he understood. I asked for his Driver's License, and he provided me with his insurance card and registration.

While speaking to Memon, I noticed his eyes were red and glossy, his speech was slurred and unclear. I could also smell a strong odor of an unknown alcoholic beverage coming from his person. It should be noted that Memon was the sole occupant of the vehicle. Memon was able to give a clear explanation of where he came from.

Due to Memon displaying signs of impairment, I requested him to exit the vehicle. After Memon exited the vehicle, he had difficulty maintaining his balance and I continued to smell a strong odor of an unknown alcoholic beverage coming from his person. Memon admitted to consuming a couple drinks.

I requested that he consent to the SFST's which he complied with. After completing the tasks, I was able to determine that probable cause exists to charge the Defendant Christopher Memon with Driving Under the Influence in Violation of F.S.S. 316.193(4)

The foregoing instrument was sworn to before me this 26 day of August, 2026
by Officer C. Reed


Arresting Officer


Notary/Police Officer (FSS 117.10)

SCANNED

AUG 27 2026

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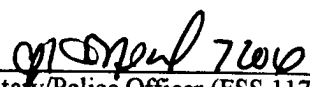
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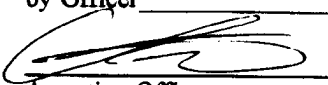
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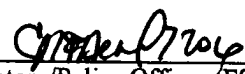
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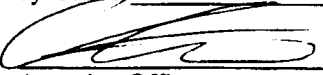
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SUBJECT: Memon, Christopher Michael CASE NUMBER 26-010357

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:

Memon stated that he did not wear glasses or contacts. I instructed him to stand with his feet together and hands down by his side. I advised him to follow the tip of my pen with his eyes only and not move his head. Memon stated that he understood. I checked for Equal Pupil Size, Resting Nystagmus and Equal tracking which he did not display any issues. Memon was unable to follow the tip of the pen with his eyes only and followed with his head on several passes during the task.

WALK & TURN:

I laid a yellow strip on the roadway which was level. I instructed Memon to place his left foot on the line and the right foot in front. I gave Memon clear instructions and demonstrated the task which he stated he understood. Prior to starting, he failed to maintain the starting position and lost his balance. Memon then completed his steps however he failed to count out loud, used his hands for balance, stepped off the line several times, and took an improper number of steps.

ONE LEG STAND:

During the one leg stand task, I gave Memon clear instructions and demonstrated the task. Using his right leg, he lifted it off the ground although he was unable to maintain his balance dropping his foot several times, used his arms to maintain balance and was swaying while balancing. Memon also failed to count in the manner he was directed.

FINGER TO NOSE:

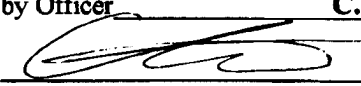
I explained and demonstrated the finger to nose task to Memon. Once I called either the left or right finger, Memon failed to return his hand directly down to his side on several occasions.

ROMBERG ALPHABET:

Memon stated that he knew his alphabet and would be able to recite it without singing. Memon was unable to say the alphabet and made several errors while reciting the alphabet. Memon's speech was also slurred, mumbled and difficult to understand.

BREATH TEST RESULTS: 1) .194 2) .197 3) 4)

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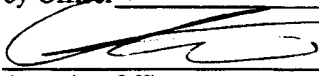
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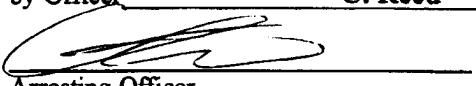
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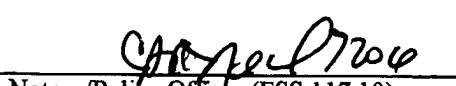
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**PALM BEACH COUNTY
SHERIFF'S OFFICE**

SHERIFF RIC L. BRADSHAW



DUI Breath Implied Consent

NOT APPLICABLE WITH VOLUNTARY CONSENT

DEFENDANT'S NAME: Memoy, Christopher CASE NO: 26-088685
DATE OF ARREST: 8/28/2026 TIME OF ARREST: 04:07 HRS

I am now requesting that you submit to a lawful test of your **BREATH** for the purpose of determining its alcohol content.

Will you take the test? YES ☒ NO ☐

NOTE: READ ONLY IF THE ANSWER TO THE ABOVE IS "NO"

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. Additionally, if you refuse to take the test I have requested of you, you will be committing a misdemeanor of the SECOND DEGREE if this is your first refusal, in addition to any other penalties which can be imposed by law. 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, your driving privilege will be suspended for a period of eighteen (18) months. Additionally, you will be committing a misdemeanor of the FIRST DEGREE, in addition to any other penalties which can be imposed by law. Refusal to submit to the test I have requested is admissible in 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 LICENSE (CDL), READ THE FOLLOWING, REGARDLESS OF WHETHER THE SUBJECT IS OPERATING A COMMERCIAL MOTOR VEHICLE (CMV)

In addition, if you hold a Commercial Driver's License (CDL), or were driving a Commercial Motor Vehicle (CMV), your refusal to submit to testing will result in the loss of your commercial driving privileges for one year from today. If this is your second refusal, you will be permanently disqualified from operating a Commercial Motor Vehicle (CMV).

Do you understand what I have just read to you? YES ☐ NO ☐

Do you still refuse to submit to this test? YES ☐ NO ☐

Date read: _____ Time read: _____ Location read: _____

LAW ENFORCEMENT OFFICER NAME (printed): Charles Reed

ID: 1122
SCANNED

LAW ENFORCEMENT OFFICER SIGNATURE: [Signature]

ATTG 27 2026

WHITE: STATE ATTY.

YELLOW: DHSMV

PINK: CENTRAL RECORDS

GOLD: JAIL

SUBJECT: Memon, Christopher CASE NUMBER: 26-088685

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? coming from my house

DIRECTION OF TRAVEL? N WHERE DID YOU START? from my house

WHAT TIME DID YOU START? 6:30 am WHAT TIME IS IT NOW? 1:50 am

WHAT IS TODAY'S DATE? Aug 26 WHAT DAY OF THE WEEK IS IT? Wednesday

WHAT COUNTY AND CITY ARE YOU IN NOW? Polk County, Oriskany

WHEN DID YOU LAST EAT? 6:00 hrs ago WHAT DID YOU EAT? at home / home

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? nothing

HOW MUCH DO YOU WEIGH? 200 HAVE YOU BEEN DRINKING? yes WHAT? Beer

HOW MUCH? 1 WHERE? at home WITH WHOM? Myself

WHEN DID YOU HAVE YOUR FIRST DRINK? 6:00 hrs ago AND YOUR LAST DRINK? 1:45 hrs ago

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? Drinking

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? No ARE YOU UNDER THE INFLUENCE? No

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? No HOW MUCH? None

WHAT? None WHERE? None WHEN? None

WHAT LINE OF WORK ARE YOU IN? Unemployed WHEN DID YOU LAST WORK? 12-11-20

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? No WHAT? None

ARE YOU SICK OR INJURED? No WHAT'S WRONG? None

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? None

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? No WHO? None WHY? None

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? No WHAT? None WHEN? None

DO YOU HAVE:

EPILEPSY?	<u>No</u>
GLASS EYE?	<u>No</u>
FALSE TEETH?	<u>No</u>
EAR INFECTION?	<u>No</u>
INNER EAR TROUBLE?	<u>No</u>
DIABETES?	<u>No</u>

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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? None

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? Yes WHERE? New York

INTERVIEWER: Officer [Signature]



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

PBSO CASE # 26-088685 PBSO ZONE 4-11
AGENCY CASE # 26-010357 CRASH CASE # _____
TIME OF STOP/CRASH 03:36 DATE 08/26/2026 DAY Wednesday
SUBJECT'S NAME MEMON CHRISTOPHER M
LAST FIRST MID
DOB 05/13/1980 HGT 6'2 WGT 190 RACE W SEX M
LOCATION 1 NE 5TH AVE Delray Beach, FL 33444
ARRESTING OFFICER'S NAME & ID OFC. C. REED 1122 DBPD
AGENCY

NOTIFIED BY COMMO YES

BREATH RESULTS:

1)	.194
2)	.197
3)	N/A
4)	N/A

ARRIVAL AT FACILITY 04:37

ARREST TIME 04:07

MILLER 41017
BAT TECH. OFFICER NAME & ID

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WITNESS LIST

Case No: 26-010357 Defendant: Memon, Christopher Michael

Arresting Officer: C. Reed
Address: 300 W Atlantic Ave, Delray Beach, FL 33444
Phone Numbers: Home: 561-243-7800 Work: _____

Name: Ofc. Park
Address: 300 W Atlantic Ave, Delray Beach, FL 33444
Phone Numbers: Home: 561-243-7800 Work: _____
Can testify to: Signs of impairment

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: _____

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TESTING FACILITY TASK REPORT

AGENCY: DBPD

SUBJECT: MEMON, CHRISTOPHER .M.

DATE: Aug 26, 2026

BEGINNING TIME: 05:12

CASE NUMBER: 26-088685

VIDEO DVD NUMBER: N/A

ENDING TIME: 05:30

BREATH TESTS RESULTS: 1) .194 TIME 05:17 A.M. ☒ P.M. ☐ 2) .197 TIME 05:20 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: T. MILLER #41017

MAINTENANCE TECHNICAN: J. KARLECKE# 6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: TALKATIVE, APOLOGETIC, COOPERATIVE

CLOTHING: TURQUOISE SHIRT, BLUE SHORTS, WHITE SNEAKERS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

COMMENTS:

ARRIVED AT CENTER A/O BEGAN THE 20 MINUTE OBSERVATION PERIOD AT 04:37 HRS.

SUBJECT: AGREED TO TAKE TEST.

A/O: READ RIGHTS.

SUBJECT: STATED HE UNDERSTOOD RIGHTS.

TECH: READ TEST RESULTS.

SUBJECT: STATED HE UNDERSTOOD TEST RESULTS.

A/O: CONDUCTED Q & A.

SUBJECT: ANSWERED QUESTIONS.

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**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CSO
Instrument Serial Number: 80-006238 Software: 8100.27
Date of Test: 08/26/2026

Date of Last Agency Inspection: 08/14/2026

Observation Period Began: 04:37

Subject's Name: CHRISTOPHER M MEMON

DOB: 05/13/1980 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	05:15
	Air Blank	0.000	05:15
	Control Test	0.078	05:16
	Air Blank	0.000	05:16
	Subject Sample #1	0.194	05:17
	Air Blank	0.000	05:17
	Air Blank	0.000	05:19
	Subject Sample #2	0.197	05:20
	Air Blank	0.000	05:20
	Control Test	0.077	05:21
	Air Blank	0.000	05:21
	Diagnostics Check	OK	05:21

Cylinder Lot: 25-3342

Exp: 02/09/2028

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 THOMASINA E MILLER, 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: Thomasina E Miller

Signature

Date: 08/26/26

Sworn to (or affirmed) before me this 26 day of August, 2026

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.



Palm Beach County Sheriff's Office

Florida State Statute Exemption Sheet

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	☐	119.071(4)(c)	Undercover personnel	Click or tap here to enter text.
	☐	119.071(2)(e)	Confession	Click or tap here to enter text.
	☐	119.071(2)(j)1.e.	Name of a law enforcement officer who, in the course of their duties became a victim, is confidential and exempt for 72 hours after the incident. This information is exempt for an additional 60 days after the initial 72 hours.	Click or tap here to enter text.
Public Info. Exemptions	☐	119.071(2)(j)1.b.(i)	Identity, home or employment phone number, home or employment address, or any other information that could be used to locate or harass the victim.	Click or tap here to enter text.
	☐	119.071(2)(j)	Home/employment telephone number, home/employment address, or personal assets of a person who has been the victim of sexual battery, aggravated child abuse, aggravated stalking, harassment, aggravated battery or domestic violence	Click or tap here to enter text.
	☐	119.0712(2)	Personal information contained in a motor vehicle record	Click or tap here to enter text.
	☐	316.650(11)	Driver information contained in a uniform traffic citation	Click or tap here to enter text.
	☐	119.071(4)(d)2.a.	Home addresses, telephone numbers, dates of birth, and photographs of active/former LE personnel, spouses, and children	Click or tap here to enter text.
Florida Rules of Judicial Administration 2.420	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers	2
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request	Click or tap here to enter text.
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses	Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
Other	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.		Click or tap here to enter text.
	☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
	☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

REVIEW COMPLETED BY

Booking Number: 2026023349	Date: 8/27/2026
	Specialist Name/ID#: ANGELA PINKNEY/7796

SCANNED

AUG 27 2026