

0503140

862

OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest		3. Request for Warrant		1		Juvenile		N	
Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE				Agency Report Number (N.T.A.'s only) 06-18146021							
Charge Type: Check as many as apply.		1. Felony <input type="checkbox"/>		3. Misdemeanor <input type="checkbox"/>		5. Ordinance <input type="checkbox"/>		2. Traffic Felony <input type="checkbox"/>		4. Traffic Misdemeanor <input checked="" type="checkbox"/>		6. Other <input type="checkbox"/>	
Location of Arrest (Including Name of Business) 11700 Palmetto Park Rd, Boca Raton, FL 33428		Location of Offense (Business Name, Address) 11700 Palmetto Park Rd, Boca Raton, FL 33428						Weapon Seized / Type 2. Yes 1. No		Multiple Clearance Indicator 1			
Date of Arrest 11/18/2018		Time of Arrest 0140		Booking Date		Booking Time		Jail Date		Jail Time		Location of Vehicle 11700 Palmetto Park Rd, Boca Raton, FL 33428	
Name (Last, First, Middle) Mc Clure, Brian, Scott										Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian		Sex W M		Date of Birth 11/16/1963		Height 6'00		Weight 225		Eye Color brown		Hair Color blonde	
Complexion light		Build medium		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None				Marital Status Married		Religion CHRISTIAN		Indication of: Alcohol Influence Drug Influence Y N Unk. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Local Address (Street, Apt. Number) 22469 Swordfish Dr, Boca Raton, FL 33428				(City)		(State)		(Zip)		Phone (954) 706-4788		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
Permanent Address (Street, Apt. Number) 22469 Swordfish Dr, Boca Raton, FL 33428				(City)		(State)		(Zip)		Phone ()		Address Source Verbal/driver's license	
Business Address (Name, Street)				(City)		(State)		(Zip)		Phone ()		Occupation Sales	
D/L Number, State M246077634160, FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) Philadelphia, PA		Citizenship USA					
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	
<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other		Name (Last)		(First)		(Middle)		Residence Phone ()					
Address (Street, Apt. Number)				(City)		(State)		(Zip)		Business Phone ()			
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 S. Sell P. Possess		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 Driving Under The Influence (DUI)		Counts 1		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number 316.193(1)	
Drug Activity N		Drug Type N		Amount / Unit n/a		Offense # 18146021		Warrant / Capias Number		Bond OR			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Warrant / Capias Number		Bond			
Location (Court, Room Number, Address) South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996													
Court Date and Time Month Dec Day 17 Year 2018 Time 0830 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 11/18/2018			
HOLD for other Agency Name:		Signature of Arresting Officer 				Name Verification (Printed by Arrestee)							
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) D/S Jacob Frey		I.D. # 9658		(PRINT)					
Intake Deputy 		Pouch #		Transporting Officer D/S Jacob Frey		ID # 9658		Agency PBSO		Witness here if subject signed with an "X"			

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)

2018 NOV 19

6:56

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 18 DAY OF Nov 20 18, AT 0100 AM PM

SUBJECT: Mc Clure, Brian, Scott CASE NUMBER: 18146021

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S Jacob Frey 9658

PERSONAL CONTACT

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

On 18Nov18 at approximately 0100hrs I was on patrol in the area of Palmetto Park Rd and US 441/State Rd 7, Boca Raton, in unincorporated Palm Beach County.

I observed an orange Dodge Ram 1500 traveling westbound. I estimated the vehicles speed at 65mph in a 50mph zone; this was confirmed by the audio Doppler tone and display on my Stalker II MDR (S/N#AS004927) (moving). I observed the vehicle straddling the dashed line between both westbound lanes. The vehicle continued to straddle the line for approximately .5 miles as it approached the intersection with Ponderosa Dr. The vehicle moved into the left lane and came to a slow stop for the red light at the intersection. At this time I observed the vehicle had the Florida tag "IGNITER". When the light changed to green the vehicle rapidly accelerated. I estimated the speed at 73mph in a 45mph zone; this was confirmed by the audio Doppler tone and display on my Stalker II MDR (S/N#AS004927) (moving). As I got behind the vehicle it began to straddle the lanes again. The vehicle then rapidly moved into the right lane (turn signal activated) and then rapidly moved into the left turn lane as we approached Shorewind DR (turn signal activated). I activated my emergency lights on my marked patrol vehicle (68634). The vehicle made a left turn onto Shorewind Dr and came to a slow stop.

OBSERVATION OF DRIVER:

I approached the passenger's side of the vehicle. In the passenger's seat was a white female, later identified as Leah McClure, and in the driver's seat was a white male, later identified by his Florida driver's license as Brian McClure. I could smell the strong odor of an unknown alcoholic beverage coming from inside the vehicle. I asked for his driver's license, registration, and insurance. Brian slowly reached across the front of Leah and handed me his license. Leah retrieved the registration and insurance. Brian's face was flush and his eyes were glassy.

On the second approach to the vehicle I approached the driver's side and made contact with Brian. As I spoke to him I could smell the strong odor of an unknown alcoholic beverage coming from his breath. His speech was slurred. I asked him to turn off the vehicle and step out. I then had him walk to the back of his vehicle; he staggered as he walked.

DRIVER'S STATEMENTS:

Post-Miranda he made the spontaneous utterance that he was having sushi with his wife to celebrate both of their birthdays.

ODORS:

Strong odor of an unknown alcoholic beverage coming from his breath.

GENERAL OBSERVATIONS

SPEECH: slurred

ATTITUDE: cooperative, excited, anxious

CLOTHING: Button down long sleeve blue shirt (untucked), blue jeans, blue sandals

MEDICAL/OTHER: Diabetic, high blood pressure

STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S Jacob Frey 9658

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of Nov 20 18 by D/S Jacob Frey 9658

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

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



SUBJECT: Mc Clure, Brian, Scott

CASE NUMBER 18146021

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:

His eyes were glassy. He had difficulty following the stylus without moving his head. I had to remind him several times to keep his head still. His body swayed. He did not have Vertical Gaze Nystagmus (VGN) or Lack of Convergence (LOC).

WALK & TURN:

I instructed and demonstrated the walk and turn; he acknowledged he understood. He started the task before instructed to do so and could not stand as instructed. During the instructional stance he raised his arms from his side for balance and his body swayed. He walked 8 steps forward failing to maintain heel to toe on several steps. He stopped and asked me what he need to do next. He turned and walked 9 steps back. He failed to maintain heel to toe on several steps and stepped off the line on the last step. The task was completed on a dry and level surface.

ONE LEG STAND:

I instructed and demonstrated the one leg stand; he acknowledged he understood. He lifted his right foot off the ground. His body swayed and he bounced on his left foot. He lifted his arms from his side for balance. He counted to six, placed his foot down, and stopped. I instructed him to continue the task. He lifted his right foot again. His body swayed and he bounced on his left foot. He lifted his arms from his side for balance. He counted to fourteen, placed his foot down (nearly falling over), and stopped. I again instructed him to continue the task. The task was completed on a dry and level surface.

FINGER TO NOSE:

I instructed and demonstrated the finger to nose; he acknowledged he understood. His body swayed during the task. On every command he used the pad of his finger to touch his nose. On the fourth command he place his finger on the bottom of his nose. I had to remind him to place his hand back down to his side. On the fifth command he touched his nose then moved his hand away and again touched his nose. I had to again remind him to place his hand back down to his side. The task was completed on a dry and level surface.

ROMBERG ALPHABET:

Brian told me his highest level of education was a high school diploma. He stated English was his primary language and knew the English alphabet. I instructed the Rhomberg Alphabet. His body swayed during the task. He sped through the alphabet. He mumbled and slurred several letters. The task was completed on a dry and level surface.

I instructed the modified Rhomberg. He told me he could estimate 30 seconds. He counted fast and skipped several numbers. He stopped about half way and told me his "mouth was dry". He attempted the task again. His estimate of 30 seconds was approximately 30 seconds. His body swayed during the task. On his second attempt he placed his hands in front of his face in a prayer like position. The task was completed on a dry and level surface.

BREATH TEST RESULTS: 1) .114 2) .122 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

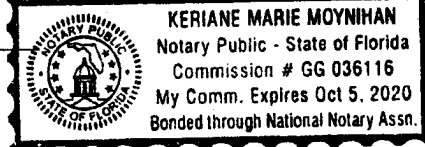
D/S Jacob Frey 9658

(Signature of Arresting Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 18 day of Nov 2018 by D/S Jacob Frey 9658

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

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



WITNESS LIST

CASE NUMBER: 18146021

ARRESTING OFFICER: D/S Jacob Frey 9658

ADDRESS: 3228 Gun Club Rd

PHONE NUMBERS (HOME): _____ (WORK) 561-688-3000

CAN TESTIFY TO: driving pattern, personal contact, SFST

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) 0

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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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

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: McCune, Brian S CASE NUMBER: 18-146021

DATE: 11/18/18 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 03:11 ENDING TIME: 03:22

BREATH TESTS RESULTS: 1) .114 TIME 03:15 (A.M./P.M.) 2) .132 TIME 03:18 (A.M./P.M.)

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Magnin # 29079

MAINTENANCE TECHNICIAN: J. Konecko # 64

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: calm, quiet, cooperative/friendly, talkative

CLOTHING: Blue Jeans, Long Sleeve, Blue button-down shirt, Blue flip flops

MEDICAL CONDITIONS: None/ "Diabetic", "High blood Pressure"

MEDICATIONS: yes, "I don't know." Diabetic medication, blood pressure medication"

OTHER: Eyes gassy and bloodshot.

COMMENTS: Arrived at Testing Center, ALO began 20 minute Observation Period at 9:41 hrs

A agreed to take test.

Tech read Brian Test Results. A stated he understood his results.

ALO read Rights.

A stated he understood his rights.

No Q+A. A invoked Rights to counsel.

SUBJECT: McClure, Brian S

CASE NUMBER: B-1416021

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 _____ of the _____

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) _____

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 Camera

SUBJECT: McClure, Brian S

CASE NUMBER: 18-146021

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: D/S J. Freeman 9658

WHITE - STATE ATTY. YELLOW - DISTRICT ATTORNEY PINK - CENTRAL RECORDS GOLD - JAIL



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"/>	539.001 FS	Other: All records relating to pawnbroker transactions.	
	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained within a motor vehicle record	

REVIEW COMPLETED BY

Booking Number: 2018038489	Date: 11/19/2018
	Specialist Name/ID: howardt/7185