

0504951

19 CT 1912

3968

ARREST / NOTICE TO APPEAR

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

AD M I N I S T R A T I O N	OBTS Number	Agency ORI Number 0502000		Agency Name Lantana Police Department		Agency Report Number (M.T.A.'s only) 614 19-000229		Charge Type <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		If Weapon Seized		Multiple Clearance Indicator 1							
D E F E N D A N T	Location of Arrest (Including Name of Business) 902 N DIXIE HWY, LANTANA, FL 33462						Location of Offense (Business Name, Address) 902 N DIXIE HWY, LANTANA, FL 33462												
	Date of Arrest 01/29/2019		Time of Arrest 22:50		Booking Date 01/29/2019		Booking Time 23:00		Jail Date		Jail Time		Location of Vehicle						
	Name (Last, First, Middle) MARSHALL, DANIEL EUGENE												Alias (Name, DOB, Soc. Sec. #, Etc.)						
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex M		Date of Birth 04/11/1964		Height 5'10		Weight 165		Eye Color BROWN		Hair Color GRAY		Complexion LIGHT		Build Small		
Local Address (Street, Apt. Number) (City) (State) (Zip) 1514 NORTH N STREET, LAKE WORTH, FL 33460												Phone (305) 713-7315		Residence Type 1. City 3. Florida 2. County 4. Out of State					
Permanent Address (Street, Apt. Number) (City) (State) (Zip) 1514 NORTH N STREET, LAKE WORTH, FL 33460												Phone (305) 713-7315		Address Source VERBAL					
Business Address (Name, Street) (City) (State) (Zip) AMERICAN AIRLINES												Phone		Occupation Flight Attendant					
DL Number, State M624165641310 / FL				Sec. Sec. Number		IHS Number		Place of Birth (City, State) MIAMI, FL, United		Citizenship US									
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Co-Defendant Name (Last, First, Middle)												Race		Sex		Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 3. Felony <input type="checkbox"/> 5. Juvenile	
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)												Residence Phone							
Legal Custodian <input type="checkbox"/> _____												Business Phone							
Address (Street, Apt. Number) (City) (State) (Zip)												Notified by: (Name)		Date		Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT IAC 3. Incarcerated	
Released To: (Name) Relationship												Date		Time					
The above address was 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's Office (Phone 355-2526) informed of any change of address.												School Attended		Grade					
<input type="checkbox"/> Yes, by <input type="checkbox"/> No												Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Description of Property		Value of Property			
Drug Activity S Sell R Smuggle K Dispense/ Distribute M Manufacture/ Produce/ Cultivate Z Other N N/A B Buy D Deliver E Use P Possess T Traffic												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-DRIVING UNDER THE INFLUENCE												Statute Violation Number 316.193(1)		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description												Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
Charge Description												Statute Violation Number		Violation of ORD #					
Drug Activity		Drug Type		Amount / Unit		Offense #		Counts		Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		Warrant / Capias Number		Bond					
Health / Apparent Physical Condition of Defendant INTOXICATED/GOOD												Any knowledge of the following <input type="checkbox"/> Muzzle <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries							
Check which apply: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> TOT County Jail <input type="checkbox"/> Postpaid Bond <input type="checkbox"/> South County Mental Health												PROPERTY - Received By		Released By		Released To			
Transported By												Date Transported		Time Transported		Other			
INSTRUCTION NO. 1 - Mandatory appearance in court <input type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.												Location (Court, Room) 200 W Atlantic Ave, DELRAY BEACH		Court Date and Time 02/28/2019 08:30:00		No Photo Available			
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							
HOLD for Other Agency												Signature of Arresting Officer ESPOSITO, DAVID ANTHONY		Name Verification (Printed by Arrestee) ESPOSITO, DAVID ANTHONY					
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other												Name of Arresting Officer (Print) ESPOSITO, DAVID ANTHONY		I.D. # 895		PAGE 1 OF 1			
Intake Deputy SIANO 5101		I.D. #		Pouch #		Transporting Officer ESPOSITO		I.D. # 895		Agency LPD		Witness here if subject signed with an "X"							

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29 DAY OF Jan, 20 19, AT 2250 AM/PM
SUBJECT: Daniel Marshall CASE NUMBER: 19000229
AGENCY: LPD ARRESTING OFFICER: Esposito #875

PERSONAL CONTACT

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

Driver was observed in his vehicle (FL tag J45P45) backing out of a parking space, located at 902 N Dixie Hwy. While backing out, Driver (Daniel Marshall D.O.B 4/11/64) backed into a metal Tow sign (no damage was observed to the sign or vehicle). After impact, Marshall then pulled back into the space.

OBSERVATION OF DRIVER:

Driver had red, blood shot eyes. Driver appeared to be impaired and spoke with slurred speech.

DRIVER'S STATEMENTS:

Driver advised that he had been drinking beers. Unknown passenger then stated Marshall had 4 beers. Marshall then concurred.

ODORS:

Heavy odor of alcohol was coming from Marshall's person/breath.

GENERAL OBSERVATIONS

SPEECH: Slurred speech

ATTITUDE: was compliant

CLOTHING: Black hoodie, blue jeans, brown socks, grey shoes

MEDICAL / OTHER: N/A

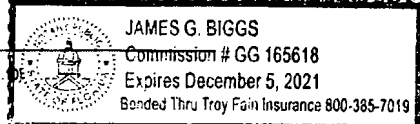
STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 30 day of Jan, 20 19 by _____

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

Notary Public, Clerk of Court, Officer (F.S.S 117)



SUBJECT: Daniel Marshall CASE NUMBER: 19000229

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: Both eyes had a lack of smooth pursuit: Marshall was told numerous times to follow the tip of the instrument, where Marshall did not follow directions

WALK & TURN:

Marshall was observed losing balance numerous times, used his arms for balance, and failed to bring his feet to heel to toe during steps. Marshall then took an extra step towards the end of testing.

ONE LEG STAND:

Marshall was observed to be losing his balance during testing. Marshall also failed to raise his foot 6 inches off the ground.

FINGER TO NOSE:

Marshall failed to keep his head in a consistent area but had no other incident with this testing.

ROMBERG / ALPHABET:

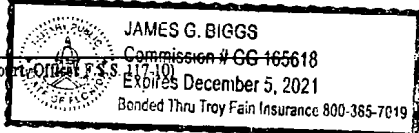
Marshall was told to start from the letter "L", Marshall then proceeded to blurt out the letter "X" before X was supposed to be said during the Alphabet test. Marshall then started from "K" with same Results.

BREATH TEST RESULTS:

0.093 and 0.089

STATE OF FLORIDA
COUNTY OF PALM BEACH

(Signature of Arresting / Investigative Officer)
The foregoing instrument was notarized or sworn before me this 30 day of Jan 20 19 by _____
who is personally known to me and/or produced identification. Type of identification produced _____



Notary Public, Clerk of Court, Office F.S.S. 117.10

WITNESS LIST

off.

CASE NUMBER: 19000229

ARRESTING OFFICER D. Esposto

ADDRESS 901 N 8th St, Lantana, FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 901-540-5701

CAN TESTIFY TO: DUI arrest/testing

NAME: Off. Dorfman

ADDRESS 901 N 8th St, Lantana, FL 33462

PHONE NUMBERS (HOME) _____ (WORK) 901-540-5701

CAN TESTIFY TO: Excuse me

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: _____

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PHONE NUMBERS (HOME) _____ (WORK) _____

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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



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

PBSO CASE # 18-081271 PBSO ZONE 6-12

AGENCY CASE # 19-000229 CRASH CASE # _____

TIME OF STOP/CRASH 2228 DATE 1/29/19 DAY Tue

SUBJECT'S NAME Daniel Marshall RACE W SEX M

HGT 510 WGT 165lb DOB 04 / 11 / 1964

LOCATION 902 N Dixie Hwy, Lantana, FL 33462

ARRESTING OFFICER'S NAME & ID D. Esposito #895 AGENCY Lantana PD

DIVISION: Road Patrol

NOTIFIED BY COMMO _____

ARRIVAL AT FACILITY 2310

ARREST TIME 2250

BREATH RESULTS:

1. .093
2. .089
3. _____
4. _____

TESTING OFFICER'S ID 7607 PBSO VIDEOTAPE # N/A

D2 # 11624165641310

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

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 01/29/2019

Date of Last Agency Inspection: 01/18/2019

Observation Period Began: 23:10

Subject's Name: DANIEL E MARSHALL

DOB: 04/11/1964 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	23:37
	Air Blank	0.000	23:38
	Control Test	0.081	23:38
	Air Blank	0.000	23:39
	Subject Sample #1	0.093	23:39
	Air Blank	0.000	23:40
	Air Blank	0.000	23:42
	Subject Sample #2	0.089	23:42
	Air Blank	0.000	23:43
	Control Test	0.081	23:43
	Air Blank	0.000	23:44
	Diagnostics Check	OK	23:44

Cylinder Lot: 13518080A5
Exp: 08/05/2020

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 JAMES G BIGGS, 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: _____

Signature

Date: 1/29/19

Sworn to (or affirmed) before me this 29 day of Jan, 2019

Signature of Notary Public-State of Florida

OE Esposito
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.

TESTING FACILITY TASK REPORT

AGENCY: LPD-ESPOSITO

SUBJECT: MARSHALL, DANIEL E

CASE NUMBER: 19-031271

DATE: Jan 29, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2331

ENDING TIME: 2346

BREATH TESTS RESULTS: 1) .093 TIME 2339 A.M. P.M. 2) .089 TIME 2342 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICIAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, DELAYED

ATTITUDE: COOPERATIVE

CLOTHING: BLACK JACKET, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: OMEPERZALE, ADDERALL

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 2310
SUBJECT REFUSED THE TEST INITIALLY
IMPLIED CONSENT WAS READ TO THE SUBJECT
SUBJECT WANTED TO GIVE BLOOD
SUBJECT DID EVENTUALLY ADVISE HE WOULD SUBMIT TO THE BREATH TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
RESULTS WERE GIVEN
MIRANDA WAS READ TO THE SUBJECT
SUBJECT REFUSED QUESTIONS

SUBJECT: Daniel Marshall

CASE NUMBER: 19000229

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 ^{off.} Esposito of the Lantana Police Department.

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 video

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 video

SUBJECT: Daniel Marshall CASE NUMBER: 1900229

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: _____

WHITE - STATE ATTY. YELLOW - DHSMV 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"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>	119.0712(2)	Other: Personal information contained in a motor vehicle record (s).	
	<input type="checkbox"/>	393202(5)	Other: Person reporting Child Abuse	

REVIEW COMPLETED BY

Booking Number: 2019003319	Date: 1/30/2018
	Specialist Name/ID: M. Tooks #8557