0503468

2807

# ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

OBTS Number | | Juvenile: 1

## ADMINISTRATIVE

| Agency ORI Number | Agency Name | Agency Report Number (N.T.A.'s only) |
|---|---|---|
| FLO 502600 | Palm Beach Gardens Police Department | 78- 18-007320 |

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☑ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other

Weapon Seized / Type: 1. Yes 2. No | Multiple Clearance Indicator:

| Location of Arrest (Including Name of Business) | Location of Offense (Business Name, Address) |
|---|---|
| Hickory Dr./ PGA Blvd. | Hickory Dr./PGA Blvd |

| Date of Arrest | Time of Arrest | Booking Date | Booking Time | Jail Date | Jail Time | Location of Vehicle |
|---|---|---|---|---|---|---|
| 12/01/2018 | 2009 | | | | | Kauff's Towing |

## DEFENDANT

Name (Last, First, Middle): Julie-Mcauley, Julie VS | Alias (Name, DOB, Soc. Sec. #, Etc.)

| Race (W - White I - American Indian B - Black 0- Oriental/Asian) | Sex | Date of Birth | Height | Weight | Eye Color | Hair Color | Complexion | Build |
|---|---|---|---|---|---|---|---|---|
| W | F | 07/02/1953 | 5'04 | 100 | Green | Red | Fair | Thin |

Scars, Marks, Tatoos, Unique Physcal Features (Location, Type, Description): None

Marital Status: Single | Religion: Unknwon | Indication of: Alcohol Influence Y ☑ N ☐ Unk. ☐ | Drug Influence Y ☐ N ☐ Unk. ☑

| Local Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Residence Type: 1. City 2. County 3. Florida 4. Out of State |
|---|---|---|---|---|---|
| 135 Coral Cay Dr. | Palm Beach Gardens | Fl | 33418 | (561) 776-1969 | 1 |

| Permanent Address (Street, Apt. Number) | (City) | (State) | (Zip) | Phone | Address Source |
|---|---|---|---|---|---|
| 135 Coral Cay Dr. | Palm Beach Gardens | Fl | 33418 | (561) 776-1969 | Driver's License |

Business Address (Name, Street) | (City) | (State) | (Zip) | Phone ( ) | Occupation: Retired

| D/L Number, State | Soc. Sec. Number | INS Number | Place of Birth (City, State) | Citizenship |
|---|---|---|---|---|
| M240420537420 | [redacted] | | Queens, New York | US |

## CO-DEF

| 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 |

## JUVENILE

☐ Parent ☐ Legal Custodian ☐ 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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason)

School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

## CODE

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. Synthetics U. Unknown Z. Other

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| Driving under the influence | 1 | ☐Y ☑N | 316.193 (1) | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| N/A | N/A | | | | OR |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## CHARGE

| Charge Description | Counts | Domestic Violence | Statute Violation Number | Violation of ORD # |
|---|---|---|---|---|
| | | ☐Y ☐N | | |

| Drug Activity | Drug Type | Amount / Unit | Offense # | Warrant / Capias Number | Bond |
|---|---|---|---|---|---|
| | | | | | |

## NOTICE TO APPEAR

Location (Court, Room Number, Address): North County Courthouse 3188 PGA Blvd, Palm Beach Gardens, FL 33410

Court Date and Time: Month December Day 19 Year 2018 Time 8:30 (AM) 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 12/1/18

## ADMIN

HOLD for other Agency Name: ☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Intake Deputy | I.D. # | Pouch #

Signature of Arresting Officer: x K Slaughter

Name of Arresting Officer (Print): Kristin Slaughter | I.D. # 500

Transporting Officer: Kristin Slaughter | ID # 500 | Agency PBGPD

Name Verification (Printed by Arrestee) (PRINT)

Witness here if subject signed with an -X-

PAGE 1 OF 2

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

PBSO #148 REV. 8/07

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DEC 2 2018 30:7 AM

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 12 DAY OF 01 20 18, AT 1917 AM PM

SUBJECT: Julie Mcauley CASE NUMBER: 18-007320

AGENCY: PALM BEACH GARDENS POLICE DEPT. ARRESTING OFFICER: Kristin Slaughter

## PERSONAL CONTACT

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

On December 1st, 2018 I was dispatched to a crash at Hickory Dr. and PGA Blvd. When I arrived on scene, I observed an older model Chevy Truck and a gray Lexus stopped on the roadway just south of the intersection. I observed a white male standing next to the Chevy Truck, later identified as Sean Edward Niedermeyer via his FL driver's license, and a white female later identified as Julie Mcauley via her FL driver's license, standing next to a Gray Lexus. I conducted a crash investigation in which Niedermeyer identified Mcauley as the driver of the Gray Lexus. During my crash investigation I found Mcauley at fault for the crash.

OBSERVATION OF DRIVER:

Mcauley's eyes were red and watery. Mcauley's was unable to maintain balance and was leaning up against her vehicle several times during my encounter with her.

DRIVER'S STATEMENTS:

Mcauley stated that she consumed two glasses of red wine just prior to leaving a restaurant. She then entered her vehicle and drove to the intersection of Hickory Dr. and PGA Blvd, where her vehicle collided with another vehicle. She stated she did not feel drunk however she did feel the effect of the alcohol. Mcauley state

ODORS:

Strong odor of an alcoholic beverage emitting from her breath from a conversational distance.

## GENERAL OBSERVATIONS

SPEECH: Slurred and mumbled

ATTITUDE: Compliant

CLOTHING: Normal

MEDICAL/OTHER: Cataract Surgery in the past-normal vision now.

STATE OF FLORIDA
COUNTY OF PALM BEACH

K Mcauley
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 01 day of DECEMBER 2018 by OFC. K. SLAUGHTER

(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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 05/21/2021

NOT A CERTIFIED COPY

SUBJECT: Julie Mcauley CASE NUMBER: 18-007320

## ROADSIDE TASKS

### HORIZONTAL GAZE NYSTAGMUS:

- ☑ LT EYE-LACK OF SMOOTH PURSUIT
- ☑ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ☑ LT EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☑ RT EYE-LACK OF SMOOTH PURSUIT
- ☑ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX DEVIATION
- ☑ RT EYE- ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

**Other Observations:**

### WALK & TURN:

During the instructions stage Mcauley was unable to maintain balance while standing on the line. Mcauley could not walk without stepping off the line. Mcauley did not touch heel-to-toe and swayed while walking, utilizing her arms for balance. Mcauley took 10 steps on the return set of the task.

### ONE LEG STAND:

During the instructional stage Mcauley failed to stay in the directed position and needed to move to regain balance. Mcauley started the exercise before prompted to do so. Mcauley attempted to complete this task but was unable due to lack of balance. Mcauley also stated she could not do it do to asthma issues.

### FINGER TO NOSE:

Mcauley was swaying back and fourth as well as did not touch tip of finger to tip of nose.

### ROMBERG/ALPHABET:

Mcauley stated the alphabet in a song type of tone.

### BREATH TEST RESULTS: .117 and .120

STATE OF FLORIDA
COUNTY OF PALM BEACH

K Slaughter
(Signature of Arresting/Investigative Officer)

The foregoing instrument was notarized or sworn before me this 01 day of December, 2018 by Ofc. K. Slaughter 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)

Notary Public State of Florida
Gary J Parent
My Commission GG 085486
Expires 06/21/2021

NOT A CERTIFIED COPY

# WITNESS LIST

CASE NUMBER: 18-007320

ARRESTING OFFICER: Kristin Slaughter

ADDRESS: 10500 N. Military Trail, Palm Beach Gardens, FL 33410

PHONE NUMBERS (HOME): 561-799-4445 (WORK) 561-799-4445

CAN TESTIFY TO: Investigation, Arrest

NAME: _____

ADDRESS: _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

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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: PSO

SUBJECT: [illegible] CASE NUMBER: [illegible]

DATE: [illegible] VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 2107 ENDING TIME: 2121

BREATH TESTS RESULTS: 1) .117 TIME 2111 A.M./(P.M.) 2) .120 TIME 2115 A.M./(P.M.)

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

BREATH OPERATOR: [illegible]

MAINTENANCE TECHNICIAN: [illegible]

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED AT TIMES

ATTITUDE: [illegible]

CLOTHING: [illegible]

MEDICAL CONDITIONS: [illegible]

MEDICATIONS: [illegible]

OTHER: [illegible] ODOR OF ALCOHOLIC BEVERAGE ON BREATH

ADMITTED TO DRINKING 2 COUPLE OF BEERS (2:00)

COMMENTS: ARRIVED AT COUNTY JAIL AT 20:43 HRS

A AGREED TO BAC TEST

A/W ADVISED OF HIS MIRANDA RIGHTS AND AGREED TO BAC

A STATED HE UNDERSTOOD

TOLD HIM EACH TEST RESULTS A STATED HE UNDERSTOOD TEST RESULTS

A/W CONTINUED Q+A

A ADVISED QUESTIONS AT FIRST THEY SEEMED [illegible]

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

PBSO #0129A REV.11/02

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SUBJECT: Mowery, Jace 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 _____ 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

NOT A CERTIFIED COPY

SUBJECT: _____ 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? _____

DIRECTION OF TRAVEL? N 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: _____

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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 CO SO
Instrument Serial Number: 80-006477 Software: 8100.27
Date of Test: 12/01/2018

Date of Last Agency Inspection: 11/23/2018
Observation Period Began: 20:43
Subject's Name: JULIE MCAULEY DOB: 07/02/1953 Sex: F

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 | 21:09 |
| Air Blank | 0.000 | 21:10 |
| Control Test | 0.079 | 21:10 |
| Air Blank | 0.000 | 21:10 |
| Subject Sample #1 | 0.117 | 21:11 |
| Air Blank | 0.000 | 21:12 |
| Air Blank | 0.000 | 21:14 |
| Subject Sample #2 | 0.120 | 21:15 |
| Air Blank | 0.000 | 21:15 |
| Control Test | 0.079 | 21:16 |
| Air Blank | 0.000 | 21:16 |
| Diagnostics Check | OK | 21:16 |

Cylinder Lot: 05218080A3
Exp: 05/05/2020

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 GARY J PARENT, 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: _____ Date: 12/01/18
Signature

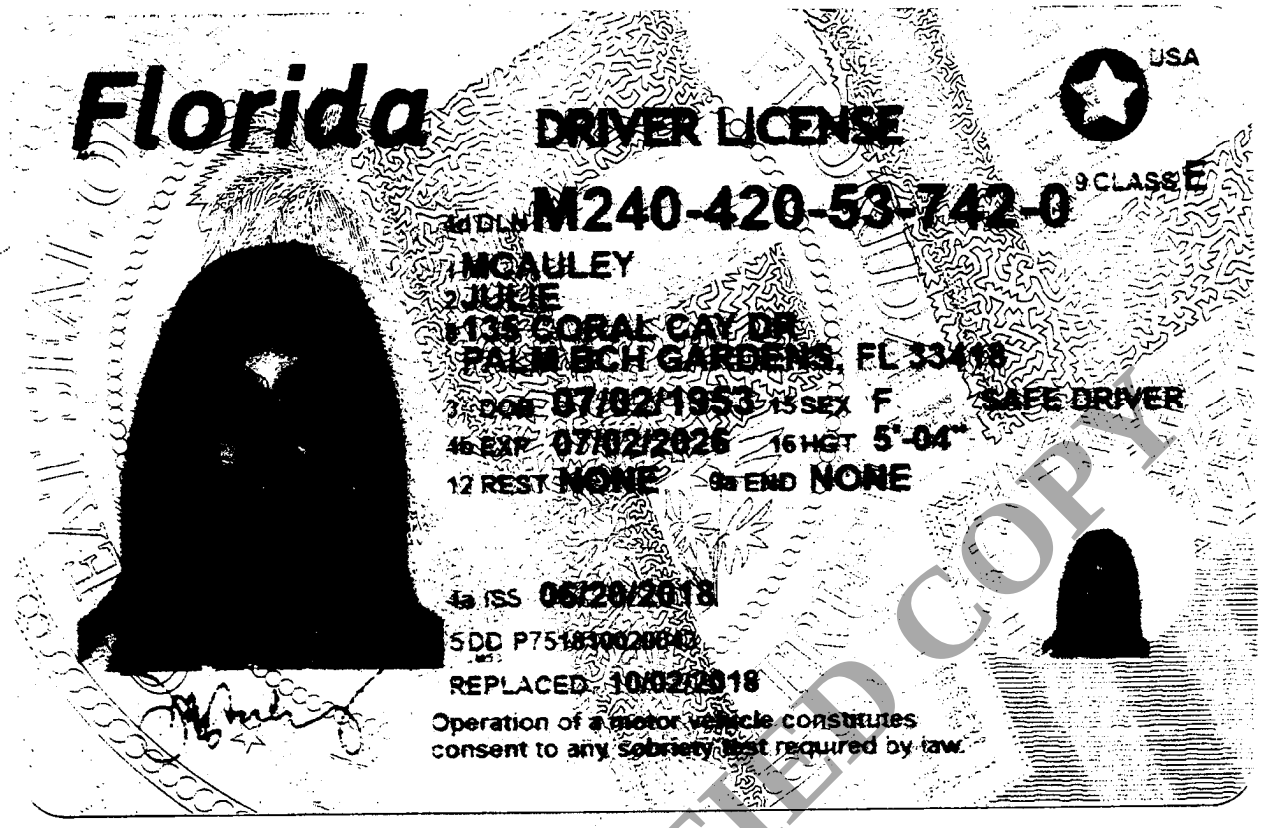
Sworn to (or affirmed) ~~before~~ me this 01 day of DECEMBER, 2018

_____ OFC K. SLAUGHTER
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.

*FDLE/ATP FORM 38 - MARCH 2004, Ref. 11D-8.007*

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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 | ☐ | 119.071(2)(d) | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. | |
| | ☐ | 943.053, 943.0525 | NCIC/FCIC/FBI and in-state FDLE/DOC. | |
| | ☐ | 119.071(4)(c) | Undercover personnel. | |
| | ☐ | 119.071(2)(f) | Confidential informants (CIs). | |
| | ☐ | 119.071(2)(e) | Confession. | |
| Public Info. Exemptions | ☐ | 985.04(1) | Juvenile offender records. | |
| | ☐ | 119.071(h)(i) | Assets of a crime victim. | |
| | ☐ | 395.3025(7)(a), 456.057(7)(a) | Medical information. | |
| | ☐ | 394.4615(7) | Mental health information. | |
| | ☐ | 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) | ☒ | (iii) 119.0714(1)(i)-(j), (2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers. | 2 |
| | ☐ | (viii) 394.4615(7) | Clinical records under the Baker Act. | |
| | ☐ | (xii) 741.30(3)(b) | The victim's address in a domestic violence action on petitioner's request. | |
| | ☐ | (xiii) 119.071(2)(h), 119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses. | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| | ☐ | | | |
| Other | ☐ | 539.001, F.S., 539.003, F.S. | Other: Pawn Broker Information | |
| | ☐ | 943.031(2) | Other: Names of Gangs Criminal Activity | |

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**REVIEW COMPLETED BY**

| | |
|---|---|
| **Booking Number:** 2018039942 | **Date:** 12/02/2018 |
| | **Specialist Name/ID:** M. Tooks #8557 |