

ADMI NIST RAT ION		OBTS Number		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		2053 JUVENILE	
Agency ORI Number 0500200		Agency Name Boca Raton Police Department		17 OCT 16 497		Agency Report Number (N.T.A.'s only) 3, 2		2017-012335			
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		If Weapon Seized Enter Type None/not Applicable		Multiple Clearance Indicator							
Location of Arrest (Including Name of Business) 400 N OCEAN BLVD				Location of Offense (Business Name, Address) 400 N OCEAN BLVD, BOCA RATON, FL 33432							
Date of Arrest 09/03/2017		Time of Arrest 05:25		Booking Date 09/03/2017		Booking Time 05:35		Jail Date		Jail Time	
										Location of Vehicle TOWED TO EMERALD	
Name (Last, First, Middle) MARSHALL, MADELINE JANE				Alias (Name, DOB, Soc. Sec. #, Etc.) Alias:							
Race W - White B - Black O - Oriental/Asian W		Sex F		Date of Birth 03/22/1996		Height 5'03		Weight 140		Eye Color BLUE	
Hair Color BLONDE		Complexion LIGHT		Build Medium		Marital Status S		Religion NONE		Indication of: Alcohol Influence Drug Influence Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk. <input type="checkbox"/>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) TATT R SHOULDER / FLOWER, TATT L HIP / MOON AND STARS				Residence Type: 1. City 2. County 3. Florida 4. Out of State 2		Phone (561) 907-3764		Address Source ARRESTEE		Occupation Waitress	
Local Address (Street, Apt. Number) 9882 CHATSWORTH CASCADES, BOCA RATON, FL 33433				Permanent Address (Street, Apt. Number) 9882 CHATSWORTH CASCADES, BOCA RATON, FL 33433		Business Address (Name, Street) CIAO, COCONUT CREEK, FL		D/L Number, State M624550966021 / FL		Soc. Sec. Number [REDACTED]	
DNS Number M624550966021 / FL				Soc. Sec. Number [REDACTED]		DNS Number		Place of Birth (City, State) FORT LAUDERDALE, FL		Citizenship US	
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 Name (Last, First, Middle) Address (Street, Apt. Number) (City) (State) (Zip)				Residence Phone		Business Phone		Notified by: (Name) Date Time		JUVENILE DISPOSITION 1. Handled/Processed within Department and Released 2. TOT JAC 3. Incarcerated	
Released To: (Name) Relationship Date Time				School Attended		Grade		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.		Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 DUI		Statute Violation Number 316.193(1)		Violation of ORD #		Bond	
Drug Activity				Drug Type		Amount / Unit		Offense # 2017-012335		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Warrant / Capias Number							
Charge Description				Statute Violation Number		Violation of ORD #		Bond			
Drug Activity				Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Warrant / Capias Number							
Charge Description				Statute Violation Number		Violation of ORD #		Bond			
Drug Activity				Drug Type		Amount / Unit		Offense #		Counts	
Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N				Warrant / Capias Number							
Health / Apparent Physical Condition of Defendant GOOD				Any knowledge of the following: <input type="checkbox"/> Mental <input type="checkbox"/> Escape Risk <input type="checkbox"/> Medication <input type="checkbox"/> Deformities <input type="checkbox"/> Injuries Explain:		PROPERTY - Received By RAFALCO		Released By RAFALCO		Released To PBCJ	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Released to Parent/Guardian <input checked="" type="checkbox"/> T.O.T. County Jail <input type="checkbox"/> Posted Bond <input type="checkbox"/> South County Mental Health				Date Transported 09/03/2017		Time Transported 07:00		Other			
Transported By RAFALCO				Location (Court, Room) South County 200 W Atlantic Ave Delray Beach, FL 33444		Court Date and Time 10/02/2017 08:30:00		No Photo Available			
INSTRUCTION NO. 1 - Mandatory appearance in court INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.				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) [Signature]		Date Signed 9/3/17			
HOLD for Other Agency				Signature of Arresting Officer [Signature]		Name Verification (Printed by Arrestee) (PRINT) Madeline Marshall		PAGE 1 OF 1			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other				Name of Arresting Officer (Print) RAFALCO, TRAVIS		I.D. # 779		Transporting Officer CASTILLO		I.D. # 804	
Intake Deputy [Signature]				Pouch #		Agency BRPD		Witness here if subject signed with an "X".			

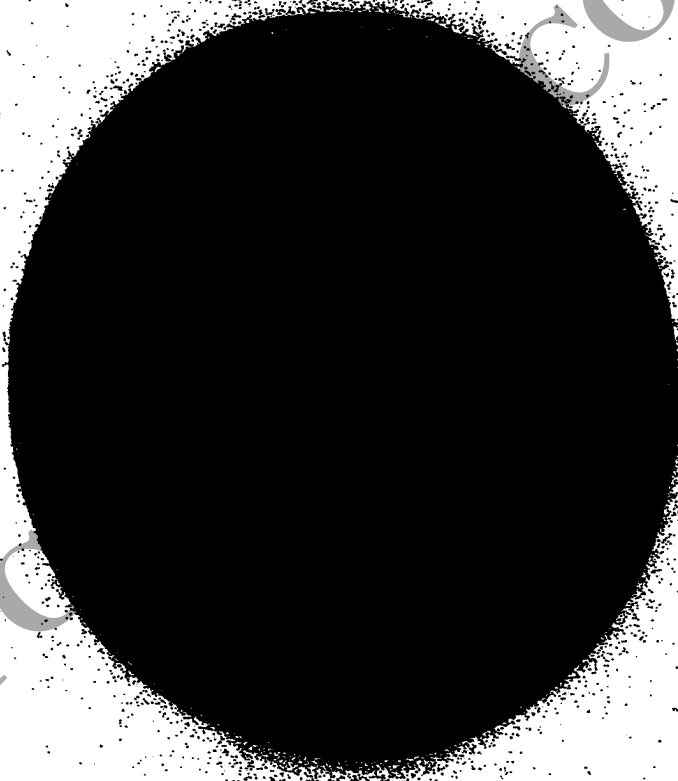
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SEP 06 2017

OBT Number		PROBABLE CAUSE AFFIDAVIT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
Agency ORI Number	<b>FL 0500200</b>		Agency Name	<b>BOCA RATON POLICE DEPARTMENT</b>		Agency Report Number		<b>3   2   2017-012335</b>	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other		Special Notes:						
Name (Last, First, Middle)		Alias		Race	Sex	Date of Birth			
<b>MARSHALL, MADELINE JANE</b>				<b>W</b>	<b>F</b>	<b>03/22/1996</b>			
Charge Description		Charge Description							
<b>316.193(1) DUI</b>									
Charge Description		Charge Description							
Victim's Name (Last, First, Middle)				Race	Sex	Date of Birth			
<b>STATE OF FLORIDA,</b>									
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source		
<b>100 NW 2ND AVE, BOCA RATON, FL 33432</b>					<b>(561) -</b>				
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation		
					<b>(56) -</b>				
<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 type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>3</b> day of <b>September</b>, <b>2017</b> at <b>05:25</b> (Specifically include facts constituting cause for arrest.)</p> <p>On 9/3/17 at 0442 hours at 400 N Ocean Blvd I observed a 2014 gold Chevrolet Malibu bearing FL tag HHZF10 on the side of the road facing northbound with its hazards lights activated. I initiated a consensual encounter with the driver/sole occupant of the vehicle, W/F Madeline Marshall. It should be noted that the key was in the initiation, the vehicle was on, and Marshall was in the driver's seat.</p> <p>Immediately when I made contact with Marshall I observed signs of impairment. I smelled the pungent odor of an alcoholic beverage emanating from Marshall's person, her speech was slurred, she displayed slow reactions when moving, and her eyes were glassy and red.</p> <p>Marshall advised that she was depressed due to a recent breakup with her child's father but did not want to harm herself or others. She advised that when she got off work at 2200 hours she went to the Red Rock bar in Coconut Creek and had two glasses of wine. She then told me that she was headed home from a friend's house in Boca Raton, but got lost near the beach in Boca Raton and was trying to find out how to get home which is why she pulled off to the side of the road. Marshall further advised that she was also at the Brickyard which is a restaurant in Boca Raton. She advised that she was there for 1 1/2 hours and was adamant that she only had two drinks throughout the entire night.</p> <p>I explained my observations to Marshall and asked if she would attempt the field sobriety exercises to dispel my concern that she was operating a vehicle impaired. Marshall agreed to attempt the exercises. I read the tasks from a preprinted card.</p> <p>The first task was the Walk and Turn. Once we established the starting point for the Walk and Turn, I asked Marshall if she had any problems which would prevent her from conducting the field sobriety tasks and she stated she did not. After I gave the instructions to Marshall, I asked if she understood and she advised that she did. She was unable to maintain the starting position during the instructional phase and her</p>									
<p>SWORN AND SUBSCRIBED BEFORE ME</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>MORAN, JOHN TODD</b></p> <p>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p> <p><b>09/03/2017</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><b>SCANNED</b></p> <p><b>SEP 06 2017</b></p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>_____ NAME OF OFFICER (PLEASE PRINT)</p> <p><b>09/03/2017</b></p> <p>DATE</p> </div> <div style="width: 45%; text-align: center;"> <p><b>RAFALKO, TRAVIS (779)</b></p> <p><b>09/03/2017</b></p> <p>DATE</p> </div> </div>									

OBTS Number		PROBABLE CAUSE AFFIDAVIT SUPPLEMENT		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		<b>1</b>	JUVENILE
A D M I N I S T R A T I V E	Agency ORI Number <b>FL 0500200</b>	Agency Name <b>BOCA RATON POLICE DEPARTMENT</b>	Agency Report Number <b>3   2   2017-012335</b>						
	Charge Type: Check as many as apply. <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1. Felony</div> <div><input type="checkbox"/> 3. Misdemeanor</div> <div><input type="checkbox"/> 5. Ordinance</div> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 2. Traffic Felony</div> <div><input checked="" type="checkbox"/> 4. Traffic Misdemeanor</div> <div><input type="checkbox"/> 6. Other</div> </div>			Special Notes:					
D E F	Name (Last, First, Middle) <b>MARSHALL, MADELINE JANE</b>					Alias	Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>03/22/1996</b>
<p>balance. She did not step heel to toe on step four and eight and then everyone after she turned. She used her arms to balance, she needed to be reminded to turn and take another nine steps, and during the task she made an improper turn.</p> <p>The second task was the one leg stand. I gave the instructions and demonstrated the task. I asked Marshall if she had any questions and she advised she did not. Marshall failed to maintain the starting position. Marshall swayed on occasion. During the exercise she put her foot down and then restarted the exercise.</p> <p>The third task was the Romberg Alphabet from A to Z in a non-rhythmic manner. She failed to maintain the starting position and sang the alphabet in a rhythmic manner.</p> <p>The fourth task was the finger to nose task. I gave Marshall the instructions and demonstrated the task at hand. She failed to maintain the starting position. She failed to bring her finger down to her sides on each exercise. She touched her lip with her finger on the second right finger exercise. The sequence was L, R, L, R, R, L.</p> <p>At 0525 hours, based on my observations, I placed Marshall under arrest for DUI. I then transported Marshall to the Boca Raton Police holding facility for processing. Officer Crawford was inside the holding facility to operate the Intoxilyzer 8000. Marshall initially refused to provide a breath sample, I then read her implied consent, and she advised that she would provide a sample. Marshall provided breath samples of .200 and .198. Marshall was given the court date of 10/02/17 at 8:30 AM at 200 West Atlantic Avenue Delray Beach, FL. Marshall was issued a citation for driving under the influence pursuant to F.S.S 316.193(1).</p>									
<div style="font-size: 48px; opacity: 0.1; transform: rotate(-30deg); pointer-events: none;">NOT A CERTIFIED COPY</div>									
A D M I N I S T R A T I V E	<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SWORN AND SUBSCRIBED BEFORE ME   <div style="border-top: 1px solid black; margin-top: 10px;"> <b>MORAN, JOHN TODD</b>  <small>NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</small>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div><b>09/03/2017</b></div> <div>DATE</div> </div> </div> </div> <div style="width: 55%; text-align: center;"> <div style="font-size: 24px; font-weight: bold; opacity: 0.5;">SCANNED</div> <div style="font-size: 24px; font-weight: bold; margin-top: 5px;">SEP 06 2017</div> </div> <div style="width: 40%;"> <div style="border-top: 1px solid black; margin-top: 10px;">   <small>SIGNATURE OF ARRESTING / INVESTIGATING OFFICER</small>  <b>RAFALKO, TRAVIS (779)</b>  <small>NAME OF OFFICER (PLEASE PRINT)</small>  <div style="display: flex; justify-content: space-between; align-items: center;"> <div><b>09/03/2017</b></div> <div>DATE</div> </div> </div> </div> </div> <div style="float: right; width: 100px; text-align: center; border: 1px solid black; padding: 5px; font-size: small;">       PAGE 2 OF 2     </div>								

# **D. U. I. INFLUENCE REPORT**



**Boca Raton Police Services Department  
100 Northwest Second Avenue  
Boca Raton, Florida 33432**

**SCANNED  
SEP 06 2017**

WITNESS LIST

ARRESTING OFFICER: Rafalko

Name: Off. McQuiston Phone # Home - Work -

Address: on file

Can testify to: backup

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # Home \_\_\_\_\_ Work \_\_\_\_\_

Address: \_\_\_\_\_

Can testify to: \_\_\_\_\_

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SEP 06 2017

Agency Case #

17-12335

**H. AT THIS TIME THE ARRESTING OFFICER WILL REQUEST A BREATH SAMPLE.**

*Note: Read only the paragraph applicable to the type of test you are requesting.*

**A.**

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

**B.**

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

**C.**

I am now requesting that you submit to a lawful test of your **BLOOD** for the purpose of determining its alcohol content and the presence of chemical or controlled substances.

**IMPLIED CONSENT WARNINGS**

*Note: Read only if the subject does not comply with your request.*

2.

I am Off. Rafano of the BRPD

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 signature: Read on tape

**ALSO READ FOR CDL HOLDERS**

IN ADDITION, your refusal to submit will result in the loss of your commercial privileges for **one year from today**. If this is your **SECOND REFUSAL**, you will be **permanently disqualified** from operating a commercial motor vehicle.

After reading the implied consent warning, the arresting officer must request a breath sample again.

**(IF REFUSAL THEN)**

At this time Mr/Mrs/Ms. \_\_\_\_\_ has refused to submit to a breath test.

The date is \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year) and the time \_\_\_\_\_ AM/PM

A refusal form will be completed by the arresting officer.

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**SEP 06 2017**

BOCA RATON POLICE DEPARTMENT  
TESTING FACILITY TASK REPORT

SUBJECT: Marshall, Madeline

CASE #: 17-12335 DATE: 9/3/17

BREATH TESTS RESULTS

1) TIME \_\_\_\_\_ AM/PM 2) TIME \_\_\_\_\_ AM/PM

3) TIME \_\_\_\_\_ AM/PM 4) TIME \_\_\_\_\_ AM/PM

BREATH OPERATOR: Off. Crawford

MAINTENANCE TECHNICIAN: Off. Pace

TESTING OFFICER'S OBSERVATIONS

SPEECH: slightly slurred

ATTITUDE: upset, crying

CLOTHING: red tank top, blue jeans, bare feet

MEDICAL CONDITION: Anxiety takes xanax

OTHER: \_\_\_\_\_

COMMENTS: Marshall's eyes were bloodshot. I can smell  
an odor of an alcoholic beverage emanating from her  
breath.

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BOCA RATON POLICE DEPARTMENT

Agency Case # 17-12335

**ADULT CONSTITUTIONAL WARNINGS**  
(Juvenile warning on reverse side)

"I am required to warn you before you make any statement that you have the following rights":

- ✓ 1) You have the right to remain silent and not answer any questions.
- ✓ 2) Any statement you make must be freely and voluntarily given.
- ✓ 3) You have the right to the presence of a lawyer and representation 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 statement 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 be and will be used against you in a court of law.

**DO YOU UNDERSTAND THESE RIGHTS AS I HAVE READ THEM TO YOU AND DO YOU WISH TO SPEAK TO ME?**

(X) Read on tape

**QUESTIONS AND ANSWERS**

Were you operating a motor vehicle at the time of the accident/stop? Was parked with Car

Where were you going? \_\_\_\_\_

What street or highway were you on? \_\_\_\_\_

Direction of travel? \_\_\_\_\_

Where did you start driving from? \_\_\_\_\_

What City (County) were you stopped in? Refused

What time did you start? \_\_\_\_\_ AM/PM What time is it now SCANNED

What is today's date? \_\_\_\_\_ What day of the week is it? SEP 06 2017

Agency Case # 17-12335

When did you last eat? \_\_\_\_\_ What did you eat? \_\_\_\_\_

What have you been doing the past three hours prior to this stop/accident? \_\_\_\_\_

How much do you weigh? \_\_\_\_\_ Have you been drinking? \_\_\_\_\_ What were you drinking? \_\_\_\_\_

How much? \_\_\_\_\_ Where? \_\_\_\_\_ With whom were you drinking? \_\_\_\_\_

When did you have your first drink? \_\_\_\_\_ AM/PM When did you stop drinking? \_\_\_\_\_ AM/PM

How did you consume your last two drinks? \_\_\_\_\_

Are you under the influence of alcohol now? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐

Can you feel the affects of alcohol? Yes ☐ No ☐

Have you consumed alcohol since the accident? Yes ☐ No ☐ How much? \_\_\_\_\_ What? \_\_\_\_\_

Where? \_\_\_\_\_

What line of work are you in? \_\_\_\_\_

When did you last work? \_\_\_\_\_

Do you have any physical defects or injuries? Yes ☐ No ☐ If yes, explain: \_\_\_\_\_

Are you sick or injured? Yes ☐ No ☐ If yes explain: \_\_\_\_\_

Do you limp? \_\_\_\_\_ Did you get a bump on the head? \_\_\_\_\_

Were you involved in an accident today? \_\_\_\_\_

Have you taken any drugs or smoked marijuana today? \_\_\_\_\_

What? \_\_\_\_\_ When? \_\_\_\_\_

Have you seen a doctor or dentist today? \_\_\_\_\_ Who? \_\_\_\_\_

Are you taking any prescription medicines? Yes ☐ No ☐ What? \_\_\_\_\_ When? \_\_\_\_\_

Do you have: Epilepsy? Yes ☐ No ☐ Inner ear trouble? Yes ☐ No ☐  
Glass Eye? Yes ☐ No ☐ Ear Infection? Yes ☐ No ☐  
False Teeth? Yes ☐ No ☐ Diabetes? Yes ☐ No ☐

Any eye problems not correctable by glasses or contact lenses? \_\_\_\_\_

Do you take insulin? Yes ☐ No ☐ If yes, when was your last injection? \_\_\_\_\_

Have you ever had a driver's license in any other state? \_\_\_\_\_

I am now ending this videotaping. The time now is approximately \_\_\_\_\_ AM/PM

The date is: September (month) 3 (day) 2017 (year).

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