0512629 19CT21210 ASB 2166

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number

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

1 Juvenile N

ADMINISTRATION

Agency ORI Number: FL0500300
Agency Name: BOYNTON BEACH POLICE DEPT.
Agency Report Number: 34-19-063637

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:
Multiple Clearance Indicator:

Location of Arrest (Including Name of Business): SR 804/ CR 807, BOYNTON BEACH FL, 33435
Location of Offense (Business Name, Address): SR 804/ CR 807, BOYNTON BEACH FL, 33435

Date of Arrest: 11/16/2019
Time of Arrest: 02:13
Booking Date:
Booking Time:
Jail Date:
Jail Time:
Location of Vehicle:

DEFENDANT

Name (Last, First, Middle): KRAFT,PETER, VINCENT
Alias (Name, DOB, Soc. Sec. #, Etc):

W - White I - American Indian B - Black O - Oriental / Asian
Race: W Sex: M Date of Birth: 02/03/1995 Height: 5'08 Weight: 155 Eye Color: BLUE Hair Color: BLOND Complexion: LIGHT Build: MED

Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description): N/A
Marital Status: SINGLE Religion: N/A
Indication of: Alcohol Influence ☒ Y ☐ N ☐ Unk. Drug Influence ☐ ☐ ☒

Local Address (Street, Apt. Number): 1008 VILLA LN, BOYNTON BEACH FL, 33435 (City) (State) (Zip)
Phone: (614)721-9373
Residence Type: 1. City 3. Florida 2. County 4. Out of State: 1

Permanent Address (Street, Apt. Number) (City) (State) (Zip)
Phone: ( ) -
Address Source: DL

Business Address (Street, Apt. Number) (City) (State) (Zip)
Phone: ( ) -
Occupation: COFFEE ROASTER

D/L Number, State: K613678950430
Soc. Sec. Number: [redacted]
INS Number:
Place of Birth: COLUMBUS,OHIO
Citizenship: 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 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 561-355-2526) 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. Synthetic U. Unknown Z. Other

CHARGE

Charge Description: DUI w/ BAC > .15
Counts: 1 Domestic Violence: ☐ Yes ☒ No
Statute Violation Number: 316.193(4) Violation of ORD#: -
Drug Activity: - Drug Type: - Amount/Unit: -
Offense #: 19-063637
Warrant/Capias Number: - Bond: OR

CHARGE

Charge Description
Counts Domestic Violence: ☐ Yes ☐ No
Statute Violation Number Violation of ORD#
Drug Activity Drug Type Amount/Unit Offense #
Warrant/Capias Number Bond

CHARGE

Charge Description
Counts Domestic Violence: ☐ Yes ☐ No
Statute Violation Number Violation of ORD#
Drug Activity Drug Type Amount/Unit Offense #
Warrant/Capias Number Bond

CHARGE

Charge Description
Counts Domestic Violence: ☐ Yes ☐ No
Statute Violation Number Violation of ORD#
Drug Activity Drug Type Amount/Unit Offense #
Warrant/Capias Number Bond

NOTICE TO APPEAR

☐ Instruction No. 1 Mandatory Appearance in Court
☐ Instruction No. 2 You need not appear in Court but must Comply with instruction on reverse side.

Location (Court, Room Number, Address): South County Courthouse, 200 West Atlantic Ave, Delray Beach, FL 33444
Court Date and Time: Month DECEMBER Day 16TH Year 2019 Time 08:30 ☒ A.M. ☐ P.M.

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

ADMIN.

HOLD for other Agency Name:
☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:
Issue Deputy: DS Collins I.D.# 7622
Pouch #:
Signature of Arresting Officer: [signature] 469
Name of Arresting Officer (Print): M.GOMEZ I.D. #: 1119
Transporting Officer: M.GOMEZ I.D. #: 1119 Agency: BBPD
Name Verification (Printed by Arrestee) (PRINT)
BU#
Witness here is subject Signed with an "X".

Page 1 OF 1

NOV 16 AM 6:30

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 16TH **DAY OF** November **2019 AT** 01:40 ☒ **A.M** ☐ **P.M.**

CASE #: 19-063637 **DEFENDANT:** KRAFT, PETER, VINCENT

PERSONAL CONTACT/DRIVING PATTERN/OBSERVATION OF DRIVER:

On November 16th, 2019 at approximately 0140 hours, I was dispatched to the area of Boynton Beach Blvd (SR 804) and N. Congress Ave (CR 807) in reference to a CLS Medical Call. The incident occurred within the City of Boynton Beach, Palm Beach County, Florida. While in route Boynton Beach Police Communication advised the there was an unknown male passed out in a Silver Acura bearing Florida Tag LCDL35, in the southbound right turn lane from SR 804. Caller advised dispatch that the male was driving eastbound on SR 804 in a reckless manner and almost struck some cones just prior to the intersection of SR 804 /CR 807.

Upon arrival, Officer Castro and I observed the vehicle at the above location. As we got closer to the vehicle I observed the driver/sole occupant (later identified as Kraft, Peter 02/03/95) in the driver seat, with his head leaning back and his eyes close. Due to the fact that it appeared that the vehicle was still on and in gear Officer Castro positioned his fully marked patrol car in front of Kraft's vehicle to prevent him from moving forward. I then began to check on Kraft's welfare by tapping him on the shoulder and doing a sternum rub but he was unresponsive. Due to Kraft's appearance and unknown if he was having a medical episode, officers on scene and I pulled Kraft out of the vehicle and attempted to place him on the ground. While doing so Kraft quickly woke up. Kraft appeared to be confused and disoriented. While speaking to Kraft, I detected an odor of an unknown alcoholic beverage emanating from his breath. Kraft speech was slurred and his eyes were bloodshot/glassy with his pupils dilated. Kraft was not able to recall where he was coming from, nor where he resided. Kraft continued to repeat his name as officer questioned him. Boynton Beach Fire Rescue arrived on scene and checked Kraft for any medical issues, which none were located. Kraft refused any medical attention. While speaking with Kraft he swayed side to side and attempted to walk around his vehicle numerous times. I asked Kraft if he had consumed any type of an unknown alcoholic beverage tonight, which he stated no. Even after explaining to Kraft that a 50ML bottle of Jose Cuervo was located on the passenger floor board to his vehicle he denied the bottle being there. Based on my investigation at this point I asked Kraft to submit to a series of Roadside exercises, which he agreed to. Prior to beginning I asked Kraft if he had any injuries and/or disabilities I should be aware of, which he stated yes. Kraft advised that he was bored with Anisocoris and takes Lexapro. See the following:

Pen Exercise: During the task, Kraft swayed from side to side, losing his balance. During the exercise, Kraft kept starring at the bottom of my pen, not following the instructions given.

HORIZONTAL GAZE NYSTAGMUS:

- ☐ Left eye does not follow smoothly
- ☐ Left eye prior to 45 degrees
- ☐ Distinct jerking in left eye at maximum deviation
- ☐ Vertical Nystagmus in left eye
- ☐ Right eye does not follow smoothly
- ☐ Right eye prior to 45 degrees
- ☐ Distinct jerking in right eye at maximum deviation
- ☐ Vertical Nystagmus in right eye

WALK AND TURN:

The following task was demonstrated and explained to Kraft, which he stated that he understood. During the instructional stage, Kraft started the task too soon and lost his balance numerous times. The task had to be repeated to Kraft. During the walking stage, Kraft took 9 steps forward, missing heel to toe between step numbers 3-4, 5-6, 8-9 and stepped off the line. Kraft completed an improper turn and asked from further directions. Kraft took 10 returning steps, not counting out loud.

ONE LEG STAND:

The following task was demonstrated and explained to Kraft, which he stated he understood. During the instructional stage, Kraft swayed from side to side and started the task too soon. During the balancing stage, Kraft swayed for balance and put his leg down prior to the 30 seconds.

FINGER TO NOSE:

The following task was demonstrated and explained to Kraft, which he stated he understood. During the instructional stage, Kraft swayed from side to side. During the exercise stage, Kraft missed the tip of his nose on the second and third right hand command. Kraft failed to return his arm back to his side after touching his nose.

ROMBERG/ALPHABET:

The following task was demonstrated and explained to Kraft, which he stated he understood. During the instructional stage, Kraft swayed from side to side. During the exercise stage, Kraft kept his eyes closed and recited the alphabet correctly but fast.

Based on the above facts, Kraft was placed into custody under suspicion of DUI (D/L and Spaced). Kraft was then placed in the back seat of Officer Castro's marked patrol vehicle 4734 and was transported to the Palm Beach County BAT facility. Officer Castro and I arrived at the facility at 0230 hours, started my 20 minutes observations at 0235 hours and completed it at 0255hrs. Upon completion I requested Kraft to provide a sample of his breath to determine the alcohol content, which he agreed to. While preparing the instrument Kraft asked what would happen if he did not provide the breath sample. Therefore I read Kraft Implied Consent, which he stated that he understood. I then requested a second time, which he

consented to. Kraft provided two accurate breath samples which were .191 and .196. I then read Kraft his Miranda Warnings, which he stated that he understood. Kraft completed the Q & As. Investigation was completed at this time.

Based on the above facts I've established Probable Cause to arrest Kraft with 1M count of DUI > .15 BAC (Enhanced) F.S.S. 316.193(4). Kraft was processed and later TOT PBCJ.

In-car video was later entered into the Boynton Beach Police Evidence Department. Incident was captured via BWC. Kraft's vehicle was removed from scene by Beck's Towing.

Nothing further.

The following instrument was sworn to before me this 16 day of November 2019

By: OFC. Gomez

Notary/Police Officer (F.S.S. 117.10)

Signature of Arresting Officer

Notary Public State of Florida
Samantha Palmer
My Commission GG 233762
Expires 10/28/2022

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: 11/16/2019

Date of Last Agency Inspection: 11/15/2019
Observation Period Began: 02:35
Subject's Name: PETER VINCENT KRAFT DOB: 02/03/1995 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	03:01
Air Blank	0.000	03:02
Control Test	0.081	03:02
Air Blank	0.000	03:02
Subject Sample #1	0.191	03:03
Air Blank	0.000	03:04
Air Blank	0.000	03:05
Subject Sample #2	0.196	03:06
Air Blank	0.000	03:07
Control Test	0.080	03:07
Air Blank	0.000	03:07
Diagnostics Check	OK	03:08

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SAMANTHA M PALMER, 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: 11/16/19
Signature

Sworn to (or affirmed) before me this 16 day of November 2019

_____ FC. Gomez #1119
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

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

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Air Blank	0.000	03:02
Control Test	0.081	03:02
Air Blank	0.000	03:02
Subject Sample #1	0.191	03:03
Air Blank	0.000	03:04
Air Blank	0.000	03:05
Subject Sample #2	0.196	03:06
Air Blank	0.000	03:07
Control Test	0.080	03:07
Air Blank	0.000	03:07
Diagnostics Check	OK	03:08

Cylinder Lot: 17919080A1
Exp: 08/05/2021

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 SAMANTHA M PALMER, 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: 11/16/19
Signature

Sworn to (or affirmed) before me this 16 day of November 2019

_____ _____
Signature of Notary Public-State of Florida Printed Name of Notary Public-State of Florida

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

TESTING FACILITY TASK REPORT

AGENCY: BBPD/GOMEZ

SUBJECT: KRAFT, PETER

CASE NUMBER: 19-138127

DATE: Nov 16, 2019

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0257

ENDING TIME: 0316

BREATH TESTS RESULTS: 1) .191 TIME 0303 A.M. ☒ P.M. ☐ 2) .196 TIME 0306 A.M. ☒ P.M. ☐

3) XX TIME XX A.M. ☐ P.M. ☐ 4) XX TIME XX A.M. ☐ P.M. ☐

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: ACCENT

ATTITUDE: CALM, QUIET, COOPERATIVE, POLITE

CLOTHING: WHITE SHIRT, BLUE JEANS, TAN SHOES

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES:GLASSY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGES COMING FROM BREATH,

---

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0235
SUBJECT AGREED TO TAKE BREATH TEST
SUBJECT WANTED TO KNOW WHAT WOULD HAPPEN TO HIM IF HE DIDNT
A/O READ I/C
SUBJECT STATED HE UNDERSTOOD I/C
AND AGREED TO TAKE THE BREATH TEST
SUBJECT PROVIDED TWO ADEQUATE BREATH SAMPLES SUCCESSFUFLLY
TECH READ RESULTS
SUBJECT STATED HE UNDERSTOOD HIS RESULTS
A/O READ RIGHTS
SUBJECT STATED HE UNDERSTOOD RIGHTS
A/O CONDUCTED Q&A
SUBJECT ANSWERED SOME QUESTIONS

CASE #: 19-063637 DEFENDANT: KRAFT, PETER, VINCENT

Arresting Officer: M. GOMEZ
Address: 100 E. Boynton Beach Boulevard Boynton Beach, Fl. 33435
Phone Numbers: Home: Work: (561) 742-6100

Name: D. CASTRO
Address: 100 E. BOYNTON BEACH BOULEVARD BOYNTON BEACH FL, 33435
Phone Numbers: Home: Work: (561) 742-6100
Can testify to: THE INCIDENT

Name: R.HALL
Address: 100 E BOYNTON BEACH BOULEVARD BOYNTON BEACH FL, 33435
Phone Numbers: Home: Work: (561) 742-6100
Can testify to: THE INCIDENT

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

Name:
Address:
Phone Numbers: Home: Work:
Can testify to:

Name:
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Address:
Phone Numbers: Home: Work:
Can testify to:

CASE #: 19-063637 DEFENDANT: KRAFT, PETER, VINCENT

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.

Where 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? I DON'T THINK THAT'S RELEVANT
What was you direction of travel? SOUTH
Where did you start from? NEXT QUESTION
What time did you start? NEXT QUESTION
What time is it now? NEXT QUESTION
What is today's date? 16TH OF NOVEMBER
What day of the week is it? FRIDAY
What City and County are you in now? ASSUME PALM BEACH COUNTY
When did you last eat? NEXT QUESTION SORRY PLEASE
What did you eat? NEXT QUESTION SORRY PLEASE
What have you been doing for the last three hours? NEXT QUESTION PLEASE SORRY
How much do you weigh? 155
Have you been drinking? RECENTLY NO
What have you been drinking? NOTHING
How much? NOTHING
With whom? NOONE
When did you have your first drink? CANT RECALL
When did you have your last drink? CANT RECALL
Can you feel the effects of the alcohol? NO SIR
Are you under the influence? NO SIR
Have you consumed any alcohol since the stop/accident? NO SIR
How much? NOTHING What? _____ Where? _____ When? _____
What line of work are you in? SKIP THAT QUESTION
When did you last work? SKIP THAT QUESTION
Do you have any physical defects or injuries? NO SIR What? _____
Are you sick or injured? NO SIR What's wrong? _____
Do you limp? NOPE
Did you receive a bump on the head recently? NO SIR
Where you in an accident today? NO SIR
Have you taken any drugs or smoked any marijuana today? NO SIR When? _____
Have you seen a doctor or dentist today? NO SIR
Who? _____ Why? _____
Are you taking any prescription medicines? NO SIR
What? _____ When? _____
Do you have? Epilepsy NO SIR Glass Eye NO SIR False teeth NO SIR
Ear infection NO SIR Inner ear trouble NO SIR Diabetes NO SIR
Do you have any problems with you eyes that are not corrected by glasses? NO, UH YES.
Do you take insulin? NO If so, when was your last injection? _____
Have you ever gad a driver's license in any other state? YES
Where? OHIO

SUBJECT: Kebl [illegible], Peter CASE NUMBER: 19 [illegible]

[illegible] CONSENT FOR DUI IN A MOTOR [illegible]

NOTE: READ [illegible] PARAGRAPH APPLICABLE TO THE [illegible]

I am now requesting that you [illegible] test of your BREATH [illegible] content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the [illegible] chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the [illegible] alcohol content and the presence of chemical or [illegible] substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY [illegible]

I am Ofc Gomez of the B[illegible] Bch PD

If you fail to submit to the test I have requested of you, your privilege to [illegible] period of one (1) year [illegible] eighteen (18) months if your [illegible] of a refusal to submit to a lawful test of your breath, urine or blood. [illegible] has been previously [illegible] a misdemeanor. [illegible] in any criminal proceeding.

SUBJECT'S SIGNATURE [illegible]: Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED [illegible] ANY STATEMENTS [illegible]

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 statement or answer any questions.
5. If at any time during the interview you do not wish to answer any questions [illegible]
6. I can make no threats or promises to induce you to make a statement. [illegible]
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: Read on Camera

[illegible] YELLOW - [illegible] PINK - CENTRAL RECORDS [illegible]

[illegible]

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	☐		Other:	
	☐		Other:	

REVIEW COMPLETED BY

Booking Number: 2019036996	**Date:** 11/17/2019
	Specialist Name/ID: AM/31562