

0518248

Comm 6781

981

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

Juvenile   N

OBTS Number		Agency ORI Number <b>FLO 5 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06 20-101521</b>	
Charge Type: Check as many as apply		<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		<input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor		<input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Location of Arrest (Including Name of Business) <b>3 HAWTHORNE DR LAKE PARK FL 33403</b>		Location of Offense (Including Name of Business) <b>3 HAWTHORNE DR LAKE PARK FL 33403</b>		Date of Arrest <b>Aug 28, 2020</b>		Time of Arrest <b>0145</b>	
Name (Last, First, Middle) <b>HEINZERLING HEATHER RHEA</b>		Alias (Name, DOB, Soc. Sec. #, Etc.)		Race <b>W</b>		Sex <b>F</b>	
Date of Birth <b>12/19/91</b>		Height <b>5'2</b>		Weight <b>100</b>		Eye Color <b>BLUE</b>	
Hair Color <b>BRO</b>		Complexion <b>MED</b>		Build <b>MED</b>		Marital Status <b>SINGLE</b>	
Religion <b>NONE</b>		Indication of Alcohol Influence 1. City <input type="checkbox"/> 2. County <input type="checkbox"/> 3. Florida <input type="checkbox"/> 4. Out of State <input type="checkbox"/>		Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>LEFT WRIST "HAKUNA MATATA"</b>		Address Source <b>FL DL</b>	
Local Address (Street, Apt. Number) <b>1045 LAKE SHORE DR APT 203 LAKE PARK FL 33403</b>		Phone <b>602 5268176</b>		Permanent Address (Street, Apt. Number) <b>SAME AS ABOVE</b>		Business Address (Street, Apt. Number)	
DL Number, State <b>H526336919590 / FL</b>		Social Security Number		INS Number		Place of Birth <b>WEST PALM BEACH FL</b>	
Citizenship <b>US</b>		Co-Defendant Name (Last, First, Middle)		Race		Sex	
Date of Birth		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"/>		Phone	
Address (Street, Apt. No.)		City		State		Zip	
Notified By (Name)		Date		Time		Business Phone	
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 561 353-2526) informed of any address change		<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	
S. Sell N. N/A P. Possess		R. Smuggle D. Deliver T. Traffic		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	
P. Paraphernalia/Equipment		U. Unknown Z. Other		Charge Description <b>(DOMESTIC VIOLENCE) BATTERY</b>		Counts <b>1</b>	
Domestic Violence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number <b>784.03(1)(a)(1)</b>		Violation or ORD #		Drug Activity <b>N</b>	
Drug Type <b>N</b>		Amount/Unit		Offense # <b>20-101521</b>		Warrant/Capias Number	
Bond <b>NO Bond</b>		Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	
Statute Violation Number		Violation or ORD #		Drug Activity		Drug Type	
Amount/Unit		Offense #		Warrant/Capias Number		Bond	
Charge Description		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number	
Violation or ORD #		Drug Activity		Drug Type		Amount/Unit	
Offense #		Warrant/Capias Number		Bond		Charge Description	
Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation or ORD #	
Drug Activity		Drug Type		Amount/Unit		Offense #	
Warrant/Capias Number		Bond		Location (Court, Address, Room Number)		Court Date and Time	
Month		Day		Year		Time	
AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>		I AGREE TO APPEAR AT THE ABOVE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT I SHOULD 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	
Name		Signature of Arresting Officer <b>[Signature]</b>		Name Verification (Printed by Arrestee)		Page	
<input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other		Name of Arresting Officer <b>D/S TRINIDAD</b>		ID # <b>33097</b>		Witness here if subject signed with an "X"	
Make Deputy <b>DS COLLINS 7622</b>		Transporting Officer <b>D/S TRINIDAD 33097</b>		ID # <b>93077</b>		Page <b>1 of 1</b>	

AUG 28 2020

SCANNED

OBTs Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1 Arrest 3 Request For Warrant 2 N.T.A. 4 Request For Capias		1	Juvenile		N
Agency ORI Number <b>FLO 5 0 0 0 0 0</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06</b>		<b>20-101521</b>			
Charge Type Check as many as apply		Special Notes							
<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					
Defendant Name (Last, First, Middle) <b>HEINZERLING HEATHER RHEA</b>				Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>12/19/91</b>			
Charge <b>(DOMESTIC VIOLENCE) BATTERY</b>									
Victim Name (Last, First, Middle) <b>HERL SEAN</b>				Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>12/23/86</b>			
Local Address (Street, Apt. Number) <b>3 HAWTHORNE DR</b>		City <b>LAKE PARK</b>	State <b>FL</b>	Zip <b>33403</b>	Phone <b>561 531 3564</b>		Address Source		
Business Address (Street, Apt. Number)		City	State	Zip	Phone		Occupation		
<p>The undersign 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. The person taken into custody...</p> <p><input 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 checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.</p> <p>On the <b>28TH</b> day of <b>AUG</b> 20 <b>20</b> at <b>0145</b> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</p>									

On 8-28-2020 I responded to 3 Hawthorne Dr. Lake Park in reference to a domestic disturbance in progress.

Upon arrival, I met with Sean Herl who stated his ex-girlfriend, Heather Heinzerling who he has a two-year-old child with arrived at his home (3 Hawthorne Dr). Herl stated Heinzerling knocked on his door and he answered. Heinzerling then began punching and biting Herl. Herl stated Heinzerling then began destroying items inside his home and called 911. I observed red marks and bite marks that were consistent with Herl's statement.

I then met with Heinzerling who had bloodshot eyes, slurred speech, and a strong odor of an alcoholic beverage emanating from her breath. Heinzerling attempted to walk away and stated she wanted to go home. Heinzerling then stated she did not know Herl and did not know what was going on. Heinzerling then stated her name is on the lease because Herl did not have good credit. When I asked what happened Heinzerling stated nothing had happened.

Based on the above facts and statements I placed Heinzerling under arrest for domestic battery F.S 784.03(1)(a)(1). Heinzerling was then placed in my marked patrol vehicle and transported to C.J.

The foregoing instrument was sworn to and affirmed before me this <b>28</b> day of <b>AUG</b> 20 <b>20</b> , by:			
<b>D/S BEASLEY 28979</b>		<b>D/S TRINIDAD 33097</b>	
Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Name of Arresting/Investigating Officer	
<i>[Signature]</i>		<i>[Signature]</i> <b>33097</b>	
Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)		Signature of Arresting/Investigating Officer	
<b>AUG 28 2020</b>			
			Page <b>1</b> of <b>1</b>

**Palm Beach County Sheriff's Office**  
**DOMESTIC VIOLENCE/DATING VIOLENCE SUPPLEMENTAL PROBABLE CAUSE FORM**  
 (Submit this form with the original Probable Cause Affidavit)

Defendant: HEINZERLING HEATHER RHEA DOB: 12/19/91 Case #: 20-101521

Victim: HERL SEAN DOB: 12/23/86 Race: W Sex: M

Relationship between Victim and Defendant: \_\_\_\_\_

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: \_\_\_\_\_

Weapon Used:  Yes  No Type: \_\_\_\_\_

Witness:  Yes  No Name: \_\_\_\_\_

Victim Pregnant:  Yes  No If yes, \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Injuries:  Yes  No Description: BITE MARKS, RED MARKS

Medical Treatment:  Yes  No

At Scene:  Yes  No Paramedics: \_\_\_\_\_

At Hospital:  Yes  No Hospital: \_\_\_\_\_ Physician: \_\_\_\_\_

Are children living in the home?  Yes  No DCF Notified?  Yes  No

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Injunction:  Yes  No Case #: \_\_\_\_\_

No Contact Order:  Yes  No Case #: \_\_\_\_\_

Alcohol or Drugs:  Yes  No  Unknown

Prior history of Domestic/Dating Violence  Yes  No

Defendant's statements  Yes  No If yes,  written  recorded  oral

First words Defendant said when you responded to scene: \_\_\_\_\_

Victim's statements  Yes  No If yes,  written  recorded  oral

First words Victim said when you responded to scene: \_\_\_\_\_

Did the Victim contact anyone other than the police within an hour of the incident regarding the incident?  
 Yes  No If yes, name: \_\_\_\_\_ phone \_\_\_\_\_

Observations of Victim (Physical & Emotional): \_\_\_\_\_

Upset  Crying  Fearful  Hysterical  Afraid  Calm  Nervous

Complained of pain  Other \_\_\_\_\_

Victim contact information:  
 Local Address: 3 HAWTHORNE DR

LAKE PARK FL 33403

Phone: Home: 561 531 3564 Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Employer: \_\_\_\_\_  
 Name of Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

# VICTIM NOTIFICATION FORM

- Homicide (Ch.782)
- Attempted Murder
- Stalking (F.S. 784.048)
- Domestic Violence - (This includes any assault, aggravated assault, battery, aggravated battery, sexual assault, sexual battery, stalking, aggravated stalking or any criminal offense resulting in physical injury or death of one family member or household member by another, who is or was residing in the same single dwelling.)
- Sexual Offense (Ch.794)
- Attempted Sexual Offense
- Dating Violence

Upon completion, this form must accompany the booking paperwork.  
If applying for a warrant, attach this form to the filing packet.

1. Incident Report #: 20-101521 Agency: Palm Beach County Sheriff's Office  
Offense: (DOMESTIC VIOLENCE) BATTERY  
Suspect/Offender: HEINZERLING HEATHER RHEA  
DOB: 12/19/91 Race: W Sex: F

2. Warrant #(s): \_\_\_\_\_

3.a. Victim's Name: HERL SEAN DOB: 12/23/86 Race: W Sex: M  
Address: 3 HAWTHORNE DR  
City: LAKE PARK State: FL Zip: 33403  
Home #: 561 531 3564 Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

b. Victim's next of kin, friend or neighbor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other #: \_\_\_\_\_

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY SUBJECT TO CONFIDENTIALITY.

## Victim/Relation Notification Waiver and Confidential Information Request

(Check applicable boxes)

- Waiver:** I choose not to be notified when the arrestee is released from custody.
- Confidential:** I request the information on this form be kept confidential (applicable only to sexual battery, stalking, child abuse, harassment or domestic violence cases).

Signature of person waiving notification: \_\_\_\_\_

Printed name of person waiving notification: \_\_\_\_\_

Deputy's Name: D/S TRINIDAD ID #: 33097 Date: 8/26/20

White = Corrections or State Attorney (Warrant Application)

Yellow = Warrants Section

Pink = Central Records



**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	<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"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2020020413	Date: 08/28/2020
	Specialist Name/ID: T Howard/7185