

## 22CF 5379MB

PH 3486

| П         | OBTS Number  |                                     | NOTICE<br>Referral R | TO APPE                                 | AR                       | 1. Arrest<br>2. N.T.A.          | 3. Request<br>4. Request                 | t for Warrant<br>I for Capias       | 1                                      | Juvenile                       |               |
|-----------|--|-------------------------------------|----------------------|---|--------------------------|---------------------------------|--|-------------------------------------|--|--------------------------------|---------------|
| IVE       | Agency ORI Number Agency Nam FLO 500000 PALM BE  | ACH COUNTY S                        | HERIFF'S             | OFFICE                                  | Agericy                  | Report Num                      | <sup>ber</sup> 06-                       | 22 0857                             | 95                                     |                                |               |
| ISTRATIV  | ChargeType: 1. Felony 3 Check as many as apply. 2. Traffic Felony 4  | Misdemeanor<br>Traffic Misdemeanor  | 5. Ord               |   | 2                        | eapon Seizeo<br>1. Yes<br>2. No |  |                                     | Multiple<br>Clearanc<br>indicator      |                                | 1             |
| NIMO      | Location of Arrest (Including Name of Business) 9619 VERONA LAKES BLVD   | BOYNTON BEACH I                     | FL 33472             | Location of Offer<br>9619 VERO          |                          |                                 |  | BOYN                                | TON BEA                                | CHFL 3                         | 3472          |
|           | Date of Arrest Time of Arrest 1836   | Booking Date Book                   | king Time J          | ail Date                                | Jail Time                | Locat                           | ion of Vehicle                           |                                     |  |                                |               |
| П         | Name (Last) GUNTHER, ERIC  | (ritsi)                             | ·                    | (MICCIE)                                | Alias (N                 | iame, DOB, S                    | ioc. Sec. #, E                           | ic)                                 |  |                                |               |
| П         | Race W - White   - American Indian B - Black 0- Oriental/Asian W Int   | of Birth<br>07/19/1977              | Height 5             | Weight                                  | 80                       | Eye Color<br>hr                 | Hair Co                                  | for Co                              | mplexion                               | Build<br>med                   |               |
|           | Scars, Marks. Tatoos, Unique Physical Features (Location.  |                                     | _1                   | <del></del>                             | Marital State<br>Married | us Reik                         | ion                                      | Indication of<br>Alcohol Influ      | . Y                                    | N                              | Unk.          |
| Ę         | Local Address (Street, Apt. Number)  | (City)                              | (SIBIR)              | (Zip)                                   | Phone                    |                                 | istianity                                | Drug Influer<br>Residence /         |  |                                | -             |
| ENDAN     | 9577 VERONA LAKES BLVD Permenent Address (Street, Apt. Number)   | (City)                              | H FL 3347<br>(State) | /2<br>(Zip)                             | Phone                    |                                 |  | 1. City<br>2. County<br>Address Sou | 4. Out o                               | f State                        | 26            |
| DEF       | Business Address (Name, Street)  | (City)                              | (State)              | (Zip)                                   | Phone                    |                                 |  | Occupation                          |  |                                |               |
|           | D/L Number. State  |                                     |                      | INS Number                              |                          |                                 | I Stage of 9                             | irth (City, State                   |  | Citizenshi                     | 10            |
| Ц         | G-536-207-77-259-0   | <u> </u>                            |                      |   |                          |                                 | boynton                                  |                                     | ·                                      | us                             |               |
| CO-DEF    | Co-Defendant Name (Last, First, Middle)  |                                     |                      | Race Sex                                | Date                     | e of Bifth"                     |  | Arrested<br>At Large                | 3. F                                   | elony<br>Risdemeano<br>uvenile | H.            |
| Ŝ         | Co-Defendant Name (Last, First, Middle)  |                                     | ·                    | Race Sex                                | Dat                      | e of Birth                      |  | Arrested<br>At Large                | 3, F                                   | elony<br>lisdemeano<br>uvenile | ,             |
| ۲         | Parent Logal Other:  | ((451)                              | Box                  | D                                       | (FIISE)                  |                                 | (AAAGOAA)                                |                                     | Residence F                            | none                           |               |
| 1         | Address (Street, Apt. Number)  | (City)                              | DUN.                 |   | (State)                  |                                 | (Zip)                                    |                                     | Business Ph                            | one                            |               |
|           | Notified by: (Name)  |                                     | Date                 | Time                                    | NY.                      | enile Disposit                  | on<br>essed within                       | 2. TOT HE                           | S/DYS                                  |                                |               |
| UVENILE   | Released To: (Name)  |                                     | Relationship         | 4                                       |                          | Dept. and Rele                  | ased.                                    | 3. Incarce                          |  | Time                           | Щ             |
| 3         | The above address provided bydefendant and / or  | defendant's parents The             | e child and / c      | r parent was told                       | Ţ S                      | chool Allende                   | d  | <u> </u>                            |  | Grade                          |               |
|           | The above address provided by I defendant and / or to keep the Juyenic Court Clerk (Phone 355-2526) infoi Yes, by: (Name) Property Crima?  Description of Property | med of any change of a No. (Reason) | address.             | <u> </u>                                | Va                       | lue of Proper                   | tv                                       |                                     |  |                                |               |
| L         | ☐ Yes ☐No  | ense/ M. Manufacture                | e/ Z Otner           | Drug Type<br>N. N/A                     |                          |                                 |  | ooen P                              | Paraphernal                            | a/ U.Un                        | known         |
| <u>0</u>  | Drug Activity S. Sell R. Smuggle K. Dusp<br>N. N/A B. Buy D. Deliver Disti<br>P. Possess. T. Traffic E. Use  | ibute Produce/<br>Cultivate         | Domestic             | N. N/A A. Amphetamine Statute Violation |                          | rbiturate<br>Icaine<br>Iroin    | H. Hallucino<br>M. Manjuan<br>O. Opium/D | a<br>eriv. S.<br>Se                 | Paraphernal<br>Equipment<br>Synthetics | Z. Oth                         |               |
| CHARGE    | battery on persons over 65   | Counts                              | Violence<br>Y 2 N    |   |                          | 784.08                          | 20                                       |                                     |  | HOI OF CIVE                    |               |
| ₹         | Drug Activity Drug Type Amount / Unit  | Offense #<br>22 085795              |                      | Warrant ! Capia:                        | Number                   |                                 |  |                                     | Bond                                   |                                |               |
| H.        | Charge Description   | Counts                              | Domestic<br>Violence | Statute Violation                       | Number                   |                                 |  |                                     | Viol                                   | ation of OR                    | D#            |
| CHARGE    | Drug Activity Drug Type Amount / Unit  | Offense #                           |                      | Warrent / Capie                         | Number                   |                                 |  |                                     | Bond                                   |                                |               |
| l<br>E    | Charge Description   | Counts                              | Domestic<br>Violence | Statute Violation                       | Number                   |                                 |  |                                     |  | ition of OR                    | D#            |
| CHARGE    | Drug Activity Drug Type   Amount   Unit  | Offerise #                          | <u>10, 0,</u>        | Warrant / Capia                         | Number                   |                                 |  | ř                                   | Bond t                                 | 3                              |               |
| Н         | Charge Description   | Counts                              | Domestic<br>Violence | Statute Violation                       | Number                   |                                 |  | <u> </u>                            | Via                                    | ation of OF                    |               |
| CHARGE    | Drug Activity Drug Type Amount / Unit  | Offense #                           | OY ON                | Warrant / Capia                         | s Number                 |                                 |  | - <u>e</u> i                        | Bond                                   |                                | in the second |
| Ě         | Location (Court, Room Number, Address)   | <u> </u>                            |                      | l                                       |                          |                                 |  | 0                                   |  | <u> </u>                       | 3             |
| PEAR      | Court Date and Time  |                                     | _SC                  | ANNE                                    | <u>D</u>                 |                                 |  | <u> </u>                            | <u></u>                                | 17                             | C SHITE       |
| TO APPEAR | Month Day  | Year                                |                      | 1 6m 2022                               | DAY TUE                  |                                 | AM L                                     |                                     | PM 2                                   | ्रा                            | EIII V        |
| NOTICE    | I AGREE TO APPEAR AT THE TIME AND PLACE DESIGN<br>FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY   | THIS NOTICE TO APPE                 | AR, THAT I N         | AY BE HELD IN                           |                          | T OF COURT<br>D7/08/22          | AND A WAR                                | RANT FOR M                          | ARREST                                 | SHALL BE                       | ISSUED        |
| Ľ         | Signature of Defendant (or Juvenile and Paren  |                                     |                      |   |                          |                                 | Signed                                   |                                     |  |                                |               |
| ١         | HOLD for other Agency Name:  | Signature Arrestles Office          | ter                  | Name Verification (Printed by Arrestee) |                          |                                 |  |                                     |  |                                |               |
| ADMIN     |  | A. Lennertz                         |                      | 1D #<br>7166                            | (P                       | RINT)                           |  |                                     |  | PAG                            | SE .          |
|           |  | rahsporting Officer                 | <b>(</b> a)          | Agency<br>PBSC                          | Witi                     | ness here if s                  | ubject signed                            | with an -X"                         |  | OF                             |               |
| PBS       | DISTRIBUTION: WHITE-COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'S ONLY)   |                                     |                      |   |                          |                                 |  |                                     |  |                                |               |

|                          | OBTS Number  | PROBABLE CAUSE AFFIDAVIT   | 1. Arrest 3. Request for Warrant 2. N.T.A. 4. Request for Capias 1 |             |                          |  |  |
|--------------------------|--|--|--|-------------|--------------------------|--|--|
| NO                       | · ·  | ency Name  ALM BEACH COUNTY SHERIFF'S OFFICE   | Agency Report Number 06-   |             |                          |  |  |
| A                        | ChargeType: Check as many as apply.  1. Felony 2. Traffic Felony   | 3. Misdemeanor 5. Ordinance 4. Traffic Misdemeanor 6. Other  | Special Notes:   |             |                          |  |  |
| DEF                      | Name (Last, First, Middle) GUNTHER, ERIC   | Ale  | as Ra<br>W   |             | te of Birth<br>/19/1977  |  |  |
| GES                      | battery on persons over 65   | 784.08   |  |             |                          |  |  |
| CHAR                     |  |  |  |             |                          |  |  |
|                          | Victim's Name (Last, First, Middle) DOLMAN, EDWARD   |  | Ra<br>W  |             | te of Birth<br>5/23/1943 |  |  |
| ICTIM                    | Local Address (Street, Apt. Number) 9619 VERONA LAKES BLVD   | (City) (State) (zip) BOYNTON BEACH FL 33472  | Phone 561 734 2254   | Address Sou | CB                       |  |  |
| >                        | Business Address (Name, Street)  | (City) (State) (zip)   | Phone  | Occupation  |                          |  |  |
| PROBABLE CAUSE STATEMENT | 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. The Person taken into custody    committed the below acts in my presence.   was observed by that he/she saw the arrested person commit the below acts.   was found to have committed the below acts, resulting from my (described) investigation. |  |  |             |                          |  |  |
| ADMINISTRATIVE           | STATE OF FLORIDA COUNTY OF PALM BEACH M. Lennertz  [Signature of Arresting/Investigative Officer] The foregoing instrument was sworn to or affirmed (Print name of Arresting/Investigative officer)  J Maldonado 37549   | (ID#) 7166  and and subscribed before me this 08 day of July  To is personally known to me and/or produced identification. Type of identification. |  | M. Lennertz | 7166                     |  |  |



## Palm Beach County Sheriff's Office - Arrests Only

|   | x        | Florida State Statute                   | Description  | Page Number(s) |
|---|----------|---|--|----------------|
|   |          | 119.071(2)(d)                           | Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations. |                |
| ions  |          | 943.053, 943.0525                       | NCIC/FCIC/FBI and in-state FDLE/DOC.   |                |
| L/E Exemptions  |          | 119.071(4)(c)                           | Undercover personnel.  |                |
| L/E E   |          | 119.071(2)(f)                           | Confidential informants (Cls).   |                |
|   |          | 119.071(2)(e)                           | Confession.  |                |
| ns  |          | 985.04(1)                               | Juvenile offender records.   |                |
| mptic   |          | 119.071(h)(i)                           | Assets of a crime victim.  |                |
| Public Info. Exemptions                                     |          | 395.3025(7)(a),<br>456.057(7)(a)        | Medical information.   |                |
| blic in   |          | 394.4615(7)                             | Mental health information.   |                |
| Pu  |          |   | Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.  |                |
|   | ×        | (iii) 119.0714(1)(i)-(j),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.   | 2              |
|   |          | (viii) 394.4615(7)                      | Clinical records under the Baker Act.  |                |
| of 23)  |          | (xii) 741.30(3)(b)                      | The victim's address in a domestic violence action on petitioner's request.  |                |
| (Rule   |          | (xiii) 119.071(2)(h),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.   |                |
| Florida Rules of Judicial Administration 2.420 (Rule of 23) |          |   |  |                |
| al Administ   | <u> </u> | . Li                                    |  |                |
| es of Judici  |          |   |  |                |
| Florida Rul   |          |   |  |                |
|   |          |   |  |                |
| į   |          |   | Other:   |                |
| Other   |          | <b>y</b>                                | Other:   |                |

## REVIEW COMPLETED BY

| Backing Number 2022017400  | Date: 07/09/2022                   |  |  |
|----------------------------|------------------------------------|--|--|
| Booking Number: 2022017488 | Specialist Name/ID: C. Smith/39657 |  |  |