

2024 UM1001396 AMIS

ARREST / NOTICE TO APPEAR

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

OBTS Number	Agency ORI Number <b>0500700</b>	Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number (N.T.A.'s only) <b>8, 4   24-01096</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	If Weapon Seized Enter Type: <b>UNARMED</b>		Multiple Clearance Indicator
Location of Arrest (Including Name of Business) <b>168 E BLUE HERON BLVD, RB, FL 33404</b>		Location of Offense (Business Name, Address) <b>168 E BLUE HERON BLVD 13, RIVIERA BEACH, FL 33404</b>	
Date of Arrest <b>02/18/2024</b>	Time of Arrest <b>00:40</b>	Booking Date <b>02/18/2024</b>	Booking Time <b>00:50</b>
Jail Date <b>02/18/2024</b>	Jail Time <b>00:42</b>	Location of Vehicle	

Name (Last, First, Middle) <b>BEALE, DANIEL R</b>		Alias:		Alias (Name, DOB, Soc. Sec. #, Etc.)	
Race W - White B - Black O - Oriental/Asian	Sex <b>M</b>	Date of Birth <b>02/18/1980</b>	Height <b>5'11</b>	Weight <b>190</b>	Eye Color <b>BLUE</b>
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Marital Status <b>M</b>	Religion	Complexion <b>LIGHT</b>	Build <b>LARGE</b>
Local Address (Street, Apt. Number) <b>168 E BLUE HERON BLVD 13, RIVIERA BEACH, FL 33404</b>		(City) <b>Riviera Beach, FL</b>	(State) <b>FL</b>	(Zip) <b>33404</b>	Phone <b>(561) 891-4651</b>
Permanent Address (Street, Apt. Number) <b>168 E BLUE HERON BLVD 13, RIVIERA BEACH, FL 33404</b>		(City) <b>Riviera Beach, FL</b>	(State) <b>FL</b>	(Zip) <b>33404</b>	Phone <b>(561) 891-4651</b>
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone
D/L Number, State <b>B400176800580 /</b>	Soc. Sec. Number	INS Number	Place of Birth (City, State) <b>WEST PALM BEACH, FL</b>	Citizenship <b>US</b>	

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
Parent <input type="checkbox"/> Other: _____ Name (Last, First, Middle)		Legal Custodian <input type="checkbox"/>		Business Phone		
Address (Street, Apt. Number)		(State)	(Zip)	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		
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	Description of Property	Value of Property

VICTIM NOTIFICATION REQUIRED

Drug Activity N: N/A S: Sell P: Possess B: Buy T: Traffic R: Smuggle D: Deliver E: Use K: Disperse/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 <b>BATTERY-SIMPLE (TOUCH OR STRIKE)</b>	Statute Violation Number <b>784.03(1)(A)(1)</b>	Violation of ORD #					
Drug Activity	Drug Type	Amount / Unit	Offense #	Counts	Domestic Violence	Warrant / Capias Number	Bond
	<b>N</b>		<b>24-01096</b>	<b>1</b>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N		

Health / Apparent Physical Condition of Defendant <b>FINE</b>	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	
Check which applies: <input type="checkbox"/> Released O.R. <input type="checkbox"/> Posted Bond	<input type="checkbox"/> Released to Parent/Guardian <input type="checkbox"/> South County Mental Health	<input type="checkbox"/> T.O.T. County Jail
Transported By <b>A.MURPHY</b>	Date Transported <b>02/18/2024</b>	Time Transported <b>00:43</b>

FILED PBC - GUN CLUB  
24 FEB 18 AM 5:35

<input type="checkbox"/> INSTRUCTION NO. 1 - Mandatory appearance in court	Location (Court, Room)	No Photo Available
<input checked="" type="checkbox"/> INSTRUCTION NO. 2 - You need not appear in Court but must comply with instructions on Page 2.	Court Date and Time	
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 COMTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Signature of Defendant (or Juvenile and Parent/Custodian)
Date Signed		
HOLD for Other Agency	Signature of Arresting Officer <b>7065</b>	Name Verification (Printed by Arrestee)
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal	Name of Arresting Officer (Print) <b>MURPHY, A.</b>	I.D. # <b>7065</b>
Intake Deputy <b>Bonillo</b>	Transporting Officer <b>A.MURPHY</b>	I.D. # <b>7065</b>
Pouch # <b>183412</b>	Agency <b>RBPDP</b>	Witness here if subject signed with an "X"

COPY STATE ATTORNEY AGENCY CENTRAL RECORDS JAIL LABOR ANALYSIS FILED DEPARTMENT


0222267

SCANNED  
FEB 18 2024

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time <b>02/18/2024 00:36</b>	Agency Name <b>Riviera Beach Police Department</b>		Agency Report Number <b>8   4   24-01096</b>																																																																																											
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	Victim's Name (Last, First, Middle) <b>THORNTON, BOBBIE JEAN</b>			Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>11/09/1977</b>																																																																																									
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>1135 B RD, LOXAHATCHEE, FL 33470</b>			Phone																																																																																											
	Business Address (Name, Street) (City) (State) (Zip)			Occupation																																																																																											
A D D I T I O N A L I N F O R M A T I O N	DEFENDANT'S STATEMENTS: Written <input type="checkbox"/> Taped <input checked="" type="checkbox"/> Oral <input type="checkbox"/>		OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): <b>CRYING</b>																																																																																												
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RELATIONSHIP BETWEEN VICTIM & SUSPECT <b>GIRLFRIEND BOYF</b>																																																																																															
<table border="0"> <tr> <td>PHOTOGRAPHS:</td> <td>Scene:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CALLER:</td> <td></td> </tr> <tr> <td></td> <td>Victim:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>TYPE: <b>HANDS</b></td> <td></td> </tr> <tr> <td></td> <td>911 CALL:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>(if YES, attach witness list)</td> <td></td> </tr> <tr> <td></td> <td>WEAPON USED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>WITNESSES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>INJURIES:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>MEDICAL TREATMENT:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>AT: Scene:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PARAMEDICS: <b>RBFR</b></td> <td></td> </tr> <tr> <td></td> <td>Hospital:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td>PHYSICIAN(S) / HOSPITAL: <b>ST. MARY'S MEDICAL CENTER</b></td> <td></td> </tr> <tr> <td></td> <td>ACT COMMITTED IN PRESENCE OF MINOR(S):</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>NAMES/AGES:</td> <td></td> </tr> <tr> <td></td> <td>H. R. S. NOTIFIED:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VICTIM PREGNANT:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>VIOLATION OF RESTRAINING ORDER:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td>CASE #:</td> <td></td> </tr> <tr> <td></td> <td>PRIOR HISTORY OF DOMESTIC VIOLENCE:</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td></td> <td></td> </tr> <tr> <td></td> <td>ALCOHOL OR DRUGS INVOLVED:</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table>						PHOTOGRAPHS:	Scene:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CALLER:			Victim:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TYPE: <b>HANDS</b>			911 CALL:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(if YES, attach witness list)			WEAPON USED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				WITNESSES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				INJURIES:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				MEDICAL TREATMENT:	<input checked="" type="checkbox"/>	<input type="checkbox"/>				AT: Scene:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PARAMEDICS: <b>RBFR</b>			Hospital:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PHYSICIAN(S) / HOSPITAL: <b>ST. MARY'S MEDICAL CENTER</b>			ACT COMMITTED IN PRESENCE OF MINOR(S):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NAMES/AGES:			H. R. S. NOTIFIED:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				VICTIM PREGNANT:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				VIOLATION OF RESTRAINING ORDER:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	CASE #:			PRIOR HISTORY OF DOMESTIC VIOLENCE:	<input type="checkbox"/>	<input checked="" type="checkbox"/>				ALCOHOL OR DRUGS INVOLVED:	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
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	<p>Appeared before me, <u>Am</u> personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.</p> <p> SIGNATURE OF ARRESTING OFFICER</p> <p>Sworn to and subscribed to before me this <u>18</u> day of <u>February</u>, <u>2024</u>.</p> <p><u>SCHNEIDER, LEEANN</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)</p>																																																																																														

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

**SCANNED**  
FEB 18 2024

Victim Information Confidential Per Marsy's Law  
PROBABLE CAUSE AFFIDAVIT

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

1

JUVENILE

A D M I N I S T R A T I V E	OBTS Number		Agency ORI Number <b>FL FL0500700</b>		Agency Name <b>Riviera Beach Police Department</b>		Agency Report Number <b>8   4   24-01096</b>	
	Charge Type: Check as many as apply.		Special Notes:		Race		Sex	
<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				W		M		
Name (Last, First, Middle) <b>BEALE, DANIEL R</b>		Alias		Date of Birth <b>02/18/1980</b>				
Charge Description <b>784.03(1)(A)(1) BATTERY-SIMPLE (TOUCH OR STRIKE)</b>		Charge Description						
Victim's Name (Last, First, Middle) <b>THORNTON, BOBBIE JEAN</b>		Local Address (Street, Apt. Number) <b>1135 B RD, LOXAHATCHEE, FL 33470</b>		Phone		Address Source		
		Business Address (Name, Street)		Phone		Occupation		

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 \_\_\_\_\_ who told \_\_\_\_\_ that he/she saw the arrested person commit the below acts.  
 confessed to \_\_\_\_\_ admitting to the below facts.  was found to have committed the below acts, resulting from my (described) investigation.  
 On the **18** day of **February**, **2024** at **00:31** (Specifically include facts constituting cause for arrest.)

VICTIM INFORMATION CONFIDENTIAL PER MARSY'S LAW

Daniel R. Beale and Bobbie J. Thornton have been living together as a couple for five years.

At 8:10 pm on February 17th, 2024, I was notified of a disturbance in the vicinity of 168 East Blue Heron Boulevard. Officer Knight who was working separate event advised that a female, who appeared to be bleeding, flagged her down at Publix (228 East Blue Heron) and requested for medical attention.

Upon arrival, I made contact with the complainant, who identified herself as Bobbie J Thornton (W/F - D.O.B.: 11/09/1977). Bobbie advised me that she was arguing with her boyfriend, Daniel R Beale when he suddenly became physical with her.

While watching Bobbie, I noticed that she had suffered an injury that seemed to have been caused by a dog based on the pattern of the cuts and an impression that resembled a dog's jaw on her shoulder. As a result, Riviera Beach Fire Rescue was called, and Bobbie was taken to St. Mary's Medical Center for a medical examination.

I responded to St. Mary's Medical Center with Bobbie, where I gathered a clear statement of what occurred.

Bobbie was sworn in and provided the following account of the intended:

Bobbie informed me that she had a disagreement with Daniel regarding the medications he took from her. According to Bobbie, Daniel had been taking Addirea all day and was unable to sleep, which made him very aggressive towards her. He used profanity and raised his voice, leading to the dog getting stimulated and barking aggressively.

A D M I N I S T R A T I V E	SWORN AND SUBSCRIBED BEFORE ME		SIGNATURE OF ARRESTING / INVESTIGATING OFFICER	
	<b>SCHNEIDER, LEEANN</b>		<b>MURPHY, ANTHONY (7065)</b>	
	NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S. 117.10)		NAME OF OFFICER (PLEASE PRINT)	
	<b>02/18/2024</b> DATE		<b>02/18/2024</b> DATE	

PAGE  
1 OF 2

COURT STATE ATTORNEY CENTRAL RECORDS JAIL CRIME ANALYSIS P.I.O.

SCANNED  
FEB 18 2024

PROBABLE CAUSE AFFIDAVIT  
SUPPLEMENT

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

1

JUVENILE

OBTS Number	Agency ORI Number <b>FL FL0500700</b>		Agency Name <b>Riviera Beach Police Department</b>	Agency Report Number <b>8   4   24-01096</b>
Charge Type: Check as many as apply. <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				Special Notes:

Name (Last, First, Middle) <b>BEALE, DANIEL R</b>	Alias	Race <b>W</b>	Sex <b>M</b>	Date of Birth <b>02/18/1980</b>
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Bobbie reported that Daniel pushed her, causing her to fall to the floor. At that moment, their dog bit her right shoulder. Bobbie mentioned that Daniel didn't intervene to stop the dog and ignored her cries for help. After the dog released her, Bobbie ran outside to seek assistance. She also stated that the dog is usually calm and not aggressive, but for unknown reasons, it became agitated and attacked her.

Efforts were made to contact Daniel following Bobbie's statement. I was able to reach him at his apartment located at 168 East Blue Heron Blvd, apartment 13, at 2255 hours. I read Daniel his rights, in accordance with the Maranda law, through the Riviera Beach Maranda card. However, he was unable to confirm that he understood what I was reading due to his inability to stay awake. He may have taken some drugs to fall asleep and advised that he was tired.

As a result of my investigation, I have determined that Daniel R Beale (W/M DOB: 11/09/1977) committed domestic battery by simple touching and pushing Bobbie, violating F.S.S. 784.03(1)(A)(1) Simple Battery (Domestic)

Beale has been charged and arrested for this offense and taken to Riviera Beach Police Station and then transported shortly after to Palm Beach County Jail without incident.

NOT A CERTIFIED COPY

SWORN AND SUBSCRIBED BEFORE ME  <u>SCHNEIDER, LEEANN</u> NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)  <u>02/18/2024</u> DATE	<u>[Signature]</u> SIGNATURE OF ARRESTING / INVESTIGATING OFFICER  <u>MURPHY, ANTHONY (7065)</u> NAME OF OFFICER (PLEASE PRINT)  <u>02/18/2024</u> DATE	PAGE <b>2 OF 2</b>
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COURT      STATE ATTORNEY      CENTRAL RECORDS      JAIL      CRIME ANALYSIS      P. I. O.

SCANNED  
FEB 18 2024

# VICTIM NOTIFICATION FORM

This form must be filled out in a case involving one of the following crimes:

- Homicide (Ch. 782)
- Attempted Murder
- Stalking (S. 784.048)
- Sexual Offense (Ch. 794)
- Attempted Sexual Offense

- 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.)

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

1. Incident Report 24-01096 Agency Riviera Beach Police Department  
Offense: Simple Battery (Domestic)  
Suspect/Offender: Daniel R Beale  
D. O. B.: 02/18/1980 Race: w Sex: m

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

3. Complete one (1) of the following:

a. Victim's Name: Bobbie J Thornton  
Address: 168 East Blue Heron  
City: Riviera Beach State: FL Zip: 33404  
Home #: 561-629-3789 Work #: \_\_\_\_\_ Other: \_\_\_\_\_

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

c. Victim's designated contact other than next of kin (for example: a friend or neighbor):  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Other: \_\_\_\_\_

4. Relevant identification or case numbers assigned to the case (please \_\_\_\_\_

**WAIVER:** I CHOOSE NOT TO COMPLETE THIS VICTIM NOTIFICATION FORM, AND UNDERSTAND THAT I AM WAIVING MY RIGHT TO BE NOTIFIED OF THE RELEASE OF THE SUSPECT/OFFENDER.

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

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

Officer's Name: A. Murphy I.D. # 7065 Date: \_\_\_\_\_

SCANNED  
02/18/2024  
FEB 18 2

SUSPECT/OFFENDER

Daniel

R

COURT CASE/WARRANT#

(FOR WARRANTS USE ONLY)