

0509771

3299

ARREST / NOTICE TO APPEAR Juvenile Referral Report		1. Arrest 2. N.T.A.	3. Request for Warrant 4. Request for Capias	Juvenile
OBTS Number		Agency Report Number (N.T.A.'s only)		
Agency ORI Number FLO 5 0 0 6 0 0		Agency Name PALM BEACH POLICE DEPARTMENT		
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)		Location of Offense (Business Name, Address)		
1. S. COUNTY RD RM 5116 Palm Beach		1. S. COUNTY RD RM 5116 Palm Beach		
Date of arrest 0.7.2.7.1.9	Time of Arrest 1.8.3.5	Booking Date	Booking Time	Jail Date Jail Time Location of Vehicle
Name (Last, First, Middle) HERZOG, Alexander Robert		Alias (Name, DOB, Soc. Sec. #, Etc.)		
Race W - White B - Black I - American Indian O - Oriental	Sex M	Date of Birth 0.2.2.7.8.9	Height 6'0	Weight 205
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)		Eye Color BRN	Hair Color BLACK	Complexion med
Build med		Marital Status Single	Religion Catholic	Indication of Alcohol Influence Drug Influence
Local Address (Street, Apt. Number)		(City)	(State)	(Zip)
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)
Business Address (Name, Street)		(City)	(State)	(Zip)
D/L Number, State H622-016-89-067-0 FL		INS Number	Place of Birth (City, State)	Citizenship
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth
Parent Legal Custodian Other:		Name (Last) (First) (Middle)		Residence Phone
Address (Street, Apt. Number)		(City)	(State)	(Zip)
Notified by: (Name)		Time	Juvenile Disposition 1. Handled/Processed within Dept. and Released 2. TOT DCF 3. Incarcerated	
Released To: (Name)		Relationship	Date	Time
The above address was provided by ☐ defendant and / or ☐ defendant's parent. The child and / or parent was told to keep the Juvenile Court Clerk's Office (Phone 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
Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine F. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other		Drug Activity N. N/A A. Amphetamine B. Barbiturate C. Cocaine F. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/Equipment S. Synthetic U. Unknown Z. Other		
Charge Description Simple BATTERY (DOMESTIC VIOLENCE)		Counts 1	Domestic Violence ☐ Y ☐ N	Statute Violation Number 7.8.4.10.3.11.1.a
Drug Activity N		Drug Type N	Amount / Unit	Offense # 19-001025
Charge Description		Counts	Domestic Violence ☐ Y ☐ N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence ☐ Y ☐ N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Charge Description		Counts	Domestic Violence ☐ Y ☐ N	Statute Violation Number
Drug Activity		Drug Type	Amount / Unit	Offense #
Instruction No. 1 Mandatory Appearance in Court		Location (Court, Room Number, Address)		
Instruction No. 2 You need not appear in Court but must comply with instructions on Reverse Side.		Court Date and Time Month Day Year 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 CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED.		Date Signed		
Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed		
HOLD for other Agency Name:		Signature of Arresting Officer X [Signature] 0043		Name Verification (Printed by Arrestee)
☐ Dangerous ☐ Suicidal ☐ Resisted Arrest ☐ Other:		Name of Arresting Officer (Print) R. Friedman 0043		(PRINT)
Intake Deputy D. [Signature] 8077		Transporting Officer R. Friedman 0043		Witness here if subject signed with an "X"

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County
Narrative Continuation

A D M I N	Date / Time 07/27/2019 17:40		
	Agency ORI Number FL 0500600	Agency Name PALM BEACH POLICE DEPARTMENT	Agency Report Number 7 6 19-001025

requested Officers to respond to the fifth floor in reference to a Domestic Disturbance. Upon my arrival, I met with Sergeant Badolati and Breakers Security who had both individuals separated. The domestic dispute was between a dating couple whom were guests at The Breakers Hotel. It should be noted that both individuals have dated for approximately two years and have resided together in the past for approximately four months. The male was identified to me via his FL driver's license as, Alexander Robert Herzog (W/M DOB 02/27/1989) and the female was identified to me verbally as Cheri Lawlis (W/F DOB 07/03/1990). I observed both Herzog and Lawlis to be intoxicated.

I made contact with Lawlis in the fifth floor lobby. Lawlis appeared to be upset and shaken. I observed Lawlis to have a bruise to the right side of her face and eye, bite mark, which drew blood to her index finger, and a bruise to her right arm. Lawlis stated that she and Herzog got into a verbal altercation inside room 5116. Lawlis was unable to give the reason for the argument. Lawlis stated that the altercation turned physical when Herzog aggressively pushed her onto the bed and held her down. Lawlis stated that during the physical encounter Herzog forcefully grabbed her arms, bit her finger, drawing blood and punched her on the right side of her face. Lawlis stated she defended herself from Herzog's physical attack by scratching his face and biting his finger when it was close to her mouth, and as he was pushing her face down into the mattress.

Upon arrival at room #5116, I immediately observed a disheveled hotel room with blood on the pillow case, a food tray on the ground and empty liquor bottles scattered on the dresser. I made contact with Herzog, who appeared intoxicated and smelled of an unknown alcoholic beverage. I observed him to have scratch marks on his facial area and a bite mark on his right index. He advised that he was in a physical altercation with Lawlis, however, his explanation of the incident did not corroborate the injuries observed. I did find Lawlis' explanation of the incident to match that of the injuries I observed to both parties. Based on the result of my investigation, I found Herzog to be the primary aggressor.

Based on the above facts, I found probable cause to arrest Alexander Herzog for Domestic Battery, because he did actually and intentionally touch or strike Cheri Lawlis against her will which did intentionally cause Bodily Harm, contrary to F.S.S. 784.03(1).

STATE OF FLORIDA
COUNTY OF PALM BEACH

Appeared before me, _____, personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.

SIGNATURE OF ARRESTING OFFICER

Sworn to and subscribed to before me this 27 day of July, 2019.

WATSON, DAVID W
NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

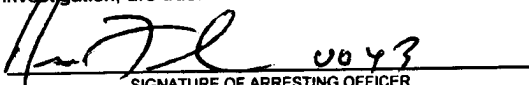
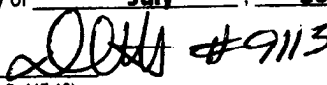
CRIME ANALYSIS

P.I.O.

DOMESTIC VIOLENCE PROBABLE CAUSE

AFFIDAVIT

Palm Beach County

A D M I N	Date / Time 07/27/2019 17:40		Agency ORI Number FL 0500600		Agency Name PALM BEACH POLICE DEPARTMENT		Agency Report Number 7 6 19-001025	
	Name (Last, First, Middle) HERZOG, ALEXANDER						Race W	Sex M
C H A R G E	Charge Description 784.03(1A1) SIMPLE BATTERY(TOUCH OR STRIKE)							
	Victim's Name (Last, First, Middle) LAWLIS, CHERI DANIELLE						Race W	Sex F
V I C T I M	Local Address (Street, Apt. Number) (City) (State) (Zip) 512 E. LAKEWOOD RD, WEST PALM BEACH, FL 33405						Phone (561) 517-2341	
	Business Address (Name, Street) (City) (State) (Zip)						Address Source Occupation	
A D D I T I O N A L I N F O R M A T I O N	Written ☐ Taped ☐ Oral ☒ DEFENDANT'S STATEMENTS: ☐ ☐ ☒ VICTIM'S STATEMENTS: ☒ ☐ ☐			OBSERVATIONS OF VICTIM (PHYSICAL & EMOTIONAL): UPSET				
	RELATIONSHIP BETWEEN VICTIM & SUSPECT DATING							
N A R R	PHOTOGRAPHS: Scene: ☒ YES ☐ NO Victim: ☒ YES ☐ NO 911 CALL: ☐ YES ☒ NO CALLER: WEAPON USED: ☐ YES ☒ NO TYPE: WITNESSES: ☒ YES ☐ NO (If YES, attach witness list) INJURIES: ☒ YES ☐ NO MEDICAL TREATMENT: ☐ YES ☒ NO AT: Scene: ☐ YES ☒ NO PARAMEDICS: Hospital: ☐ YES ☒ NO PHYSICIAN(S) / HOSPITAL: ACT COMMITTED IN PRESENCE OF MINOR(S): ☐ YES ☒ NO NAMES/AGES: H. R. S. NOTIFIED: ☐ YES ☒ NO VICTIM PREGNANT: ☐ YES ☒ NO VIOLATION OF RESTRAINING ORDER: ☐ YES ☒ NO CASE #: PRIOR HISTORY OF DOMESTIC VIOLENCE: ☐ YES ☒ NO ALCOHOL OR DRUGS INVOLVED: ☒ YES ☐ NO							
	On July 27, 2019, at approximately 1741 hours, I arrested Alexander Robert Herzog for Domestic Simple Battery, pursuant to F.S.S. 784.03(1A1). The details are follows: At 1740 hours, Sergeant Badolati who was working an off duty detail at 1 S County Road, The Breakers Hotel							
STATE OF FLORIDA COUNTY OF PALM BEACH Appeared before me, _____ personally known to me, who, being first duly sworn, says that the facts above, based upon my investigation, are true.  SIGNATURE OF ARRESTING OFFICER Sworn to and subscribed to before me this <u>27</u> day of <u>July</u> , <u>2019</u> .  WATSON, DAVID W NOTARY PUBLIC / CLERK OF COURT / OFFICER (F.S.S. 117.10)								

COURT

STATE ATTORNEY

CENTRAL RECORDS

JAIL

CRIME ANALYSIS

P. I. O.

PALM BEACH POLICE DEPARTMENT 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)
- Domestic Violence (This includes any assault, aggravated assault, 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 Battery (Ch. 794)
- Attempted Sexual Offense

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 #: 19-001025 Agency: PBPD
Offense: DOMESTIC BATTERY
Suspect/Offender: ALEXANDER R. HERZOG
D.O.B. 2/27/89 Race: W Sex: M

2. Warrant#(s): _____

3. Complete one (1) of the following:

a. Victim's name: CHERI D. LAWLIS
Address: 512 E. LAKEWOOD RD
City: WEST PALM BEACH State: FL Zip: 33405
Home #: 561-517-2341 Work#: _____ Cell#: _____

b. Victim's Next of Kin: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Cell#: _____

c. Victim's Designated Contact Other Than Next of Kin (for example, a friend or a neighbor):
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home#: _____ Work#: _____ Cell#: _____

4. Relevant identification or case numbers assigned to the case (please specify):
19-001025

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 OFF. FRIEDMAN I.D. #: 0043 Date: 7/27/19

SUSPECT/OFFENDER: ALEXANDER R. HERZOG

COURT CASE/WARRANT#: _____
(FOR WARRANTS USE ONLY)

19-001025



**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: 2019024519	Date: 07/28/2019
	Specialist Name/ID: AM/31562