

0490240

ARREST / NOTICE TO APPEAR
Juvenile Referral Report1. Arrest 3. Request For Warrant
2. N.T.A. 4. Request For Capias

1

Juvenile

*3139*OBTS Number

Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06		17-109795				
Charge Type: Check as many as apply 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor 5. Ordinance 6. Other _____		17MM9548		If Item Seized Enter Type _____		Multiple Clearance Indicator 0 1				
Location of Arrest (Including Name of Business) SW 18th & CAROLWOOD LN BOCA RATON FL 33428				Location of Offense (Including Name of Business) SW18TH & CAROLWOOD LN BOCA RATON FL 33428						
Date of Arrest Aug 2, 2017	Time of Arrest 0330	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle				
Name (Last, First, Middle) MIRAHIA Mirahia BREANNA				Alias (Name, DOB, Soc. Sec. #, Etc.)						
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W	Date of Birth 02/03/1998	Height 5'4	Weight 130	Eye Color BLK	Hair Color BRN	Complexion FAIR	Build SM		
Scars, Tattoos, Unique Physical Features (Location, Type, Description) UNK				Marital Status S	Religion UK	Indication of: Alcohol Influence <input checked="" type="checkbox"/> N <input type="checkbox"/> Drug Influence <input type="checkbox"/> N <input checked="" type="checkbox"/>				
Local Address (Street, Apt. Number) 23398 SERENE MEADOWS DR S				City BOCA RATON	State FL	Zip 33428	Phone 561-699-6849	Residence Type 1. City 3. Florida 2. County 4. Out of State		
Permanent Address (Street, Apt. Number) 23398 SERENE MEADOWS DR S				City BOCA RATON	State FL	Zip 33438	Phone 561-699-6849	Address Source FL DL		
Business Address (Street, Apt. Number)				City	State	Zip	Occupation			
D/L Number, State M640-076-98-543-0		Social Security Number [REDACTED]		INS Number	Place of Birth WEST PLAM BEACH		Citizenship			
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			
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"/> Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other	Name (Last, First, Middle)						Phone			
Address (Street, Apt. No.)				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	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 561-355-2526) informed of any address change <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended	VICTIM NOTIFICATION REQUIRED		Grade			
Property Crime? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Description of Property						Value of Property			
Drug Activity N, NA 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. NA A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana	P. Paraphernalia/ Equipment	U. Unknown Z. Other
Charge Description BATTERY (DATING VIOLENCE)				Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 784.03(1)M		Violation or ORD. #		
Drug Activity N	Drug Type N	Amount/Unit	Offense # 17-109795	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number		Bond NO 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 #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	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 #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number		Bond 201		
Charge Description				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. # 101		
Drug Activity	Drug Type	Amount/Unit	Offense #	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number		Bond 2		
Location (Court, Address, Room Number)				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #		
Court Date and Time				Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Warrant/Capias Number		Bond		
Month	Day	Year	Time	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number		Violation or ORD. #		
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 NOT 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						
HOLD for Other Agency		Signature of Arresting Officer				Name Verification (Printed by Arrestee)				
Name		<i>SGT A BRZENSKI</i>				SCANNED				
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other		Name of Arresting Officer SGT A BRZENSKI		I.D. # 6547		(PRINT)		
Intake Deputy <i>thomas nacy</i>		P.D.# <i>11277</i>		Transporting Officer <i>M. RUSSELL</i>		I.D. # <i>11277</i>		Agency <i>PIJSN</i>		
Witness here if subject signed with an "X"										

OBTS Number

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

Agency ORI Number FLO 5 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06	17-109795		
Charge Type: Check as many as apply 1. Felony 2. Traffic Felony 3. Misdemeanor 4. Traffic Misdemeanor 5. Ordinance 6. Other _____	Special Notes				
Defendant Name (Last, First, Middle) MIRALLA Breanna BREANNA	Race W	Sex F	Date of Birth 02/03/1998		
Charge BATTERY (DATING VIOLENCE)	Charge				
Charge	Charge				
Victim Name (Last, First, Middle) GAINES	BRADLEY	A	Race W	Sex M	Date of Birth 05/27/1996
Local Address (Street, Apt. Number) 6850 PALMETTO CIR S	City BOCA RATON	State FL	Zip 33433	Phone 561-451-7154	Address Source VIC
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
The undersigned 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...					
<input checked="" 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. <input type="checkbox"/> confessed to admitting to the below facts. <input type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					
On the 2ND day of AUG 20 17 at 0330 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					

ON 08/02/17 AT APPROX 0323 HRS WHILE ON ROUTINE PALTROL IN THE AREA OF SW18TH ST AND SR7 A CALL CAME OUT OF A DISTUBANCE ON SW18TH BETWEEN A MALE AND A FEMALE WHO WERE IN A BLK FORD FOCUS. WHILE TRAVELING EAST ON SW18TH I OBSERVED THE VEHICLE STOPPED IN THE ROADWAY GOING WEST ON SW18TH ST.

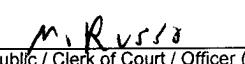
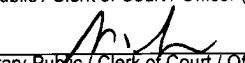
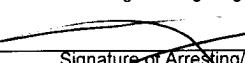
I PROCEEDED TO MAKE A UTURN AND PULLED UP BEHIND THE VEHICLE AS IT WAS MOVING. THE CONSTRUCTION WORKERS WHO WERE PRESENT YELLED THAT'S THE VEHICLE. I CONDUCTED A TRAFFIC STOP ON THE VEHICLE BEARING FL TAG HKKG51. THE VEHICLE PULLED OVER. A W/M ATTEMPTED TO EXIT THE VEHICLE AND WAS ORDERED BACK INTO THE VEHICLE.

I THEN MADE CONTACT WITH THE DRIVER WHO WAS LATER ID AS BRADLEY GAINES. I ASKED HIM WHAT WAS GOING ON. WHEN I LOOKED INTO THE VEHICLE I OBSERVED A W/F LATER ID AS BREANNA MIRALLA SITTING IN THE PASSENGER SEAT. SHE HAD VISABLE INJURIES TO HER FACE. WHEN I ASKED WHAT HAD HAPPENED TO HER SHE STATED THAT SHE JUMPED OUT OF THE CAR. WHILE STANDING THEIR IN MY PRESENCE BREANNA MIRALLA STARTED TO STRIKE BRADLEY.

I ORDERED BRADLEY OUT OF THE VEHICLE THEN I ORDERED BREANNA OUT OF THE VEHICLE. THE MULTUPLE WITNESSES ALSO STATED THAT THEY HAD OBSERVED BREANNA STRIKING BRADLEY NUMEROUS TIMES WHEN THEY WERE STOPPED IN THE CONSTRUCTION ZONE.

BASED ON THE ABOVE INFORMATION I HAVE PROBABLE CAUSE TO ARREST BREANNA MIRALLA FOR BATTERY (DATING VIOLENCE). BREANNA MIRALLA did actually and Intentionally touch or strike BRADLEY GAINES against the will of BRADLEY GAINES , contrary to Florida Statute.

SCANNED
AUG 02 2017

The foregoing instrument was sworn to and affirmed before me this 2ND day of AUG 20 17 , by:  Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)  Signature of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)	SGT A BRZENSKI 6547	Name of Arresting/Investigating Officer  Signature of Arresting/Investigating Officer
Page 1 of 1		

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

Per FL statute 837.012, whoever knowingly makes a false statement under oath shall be guilty of a misdemeanor of the first degree punishable by imprisonment up to 1 year.

WITNESS VICTIM OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
17.	2-43	8/2/17 0330	
EVENT TYPE:	DEPUTY: J. Forges		ID#: 7268
Battery			

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

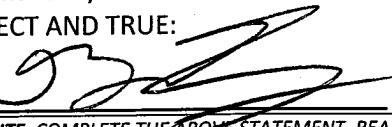
LAST NAME: Gaines	FIRST NAME: Bradley	MIDDLE INITIAL: A	RACE: W	SEX: M
DATE OF BIRTH: 05/27/96 (MM/DD/YYYY)	YOUR HEIGHT: 5'0	YOUR WEIGHT: 187	YOUR HAIR COLOR: Brown	YOUR EYE COLOR: Brown
YOUR HOME ADDRESS: 6850 Palmetto Circle S	<input type="checkbox"/> CHECK IF HOMELESS		CITY: Boca Raton	STATE: FL ZIP: 33483
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE: ZIP:
WORK PHONE: ()	CELL PHONE: (156) 245-7154	HOME PHONE: ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: I Bradley Gaines	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>Driving and Girlfriend Started hitting me and Jumped out Car couple injuries</p> <p>I do not want to press charges</p>	
SCANNED	
AUG 02 2017	
PAGE 1 OF 1	

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: X 

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 8/2/17 TIME: 0337

SIGNATURE: 

ID: 7268

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW. I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

DO NOT WISH TO PROSECUTE (INITIAL _____)

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

WHITE - RECORDS COPY CANARY - STATE ATTORNEY COPY PINK - OFFICER'S COPY GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – SWORN STATEMENT

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WITNESS VICTIM OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
EVENT TYPE:		DEPUTY:	ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <i>Moller</i>	FIRST NAME: <i>Timothy</i>	MIDDLE INITIAL: <i>T</i>	RACE: <i>W</i>	SEX: <i>M</i>
DATE OF BIRTH: <i>10/02/1998</i> (MM/DD/YYYY)	YOUR HEIGHT: <i>6'3</i>	YOUR WEIGHT: <i>230</i>	YOUR HAIR COLOR: <i>Brown</i>	YOUR EYE COLOR: <i>Brown/Blue</i>
YOUR HOME ADDRESS: <i>3229 East Glenn Street</i>	<input type="checkbox"/> CHECK IF HOMELESS		CITY: <i>Inverness</i>	STATE: <i>FL</i> ZIP: <i>34453</i>
YOUR WORK NAME & ADDRESS: <i>Pike electric</i>	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY: <i>West Palm</i>	STATE: <i>FL</i> ZIP: <i>34453</i>
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <i>(352) 457-8908</i>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <i></i>	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: <i>I, Timothy Moller</i>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p><i>The black car pulled up and we saw a throwing of hands coming from the passenger seat, as I walked up to the car there was screaming and the female in the passenger side was violently beating the male in the driver seat while not laying a hand on her and trying to protect his face.</i></p>	

SCANNED

AUG 02 2017

PAGE OF

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE.

YOUR SIGNATURE: X *Shasha*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: TIME:

SIGNATURE: ID:

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WITNESS VICTIM OTHER

CASE #:	ZONE:	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE:
EVENT TYPE:		DEPUTY:	ID#:

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <i>Plask</i>	FIRST NAME: <i>William</i>	MIDDLE INITIAL: <i>R</i>	RACE: <i>W</i>	SEX: <i>M</i>
DATE OF BIRTH: <i>4-9-86</i> (MM/DD/YYYY)	YOUR HEIGHT: <i>5'5"</i>	YOUR WEIGHT: <i>185</i>	YOUR HAIR COLOR: <i>Brown</i>	YOUR EYE COLOR: <i>Brown</i>
YOUR HOME ADDRESS: <i>5800 S US 301</i>	<input type="checkbox"/> CHECK IF HOMELESS		CITY: <i>Bushnell</i>	STATE: <i>FL</i> ZIP: <i>33513</i>
YOUR WORK NAME & ADDRESS: <i>Randall Mash</i>	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE: ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE ()	CELL PHONE: <input type="checkbox"/> CHECK IF NONE <i>(704) 436-6158</i>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE ()	EMAIL:	<input type="checkbox"/> CHECK IF NONE

WRITE WHAT HAPPENED IN YOUR WORDS IN FULL DETAIL – PRINT LEGIBLY

YOUR NAME: <i>William R. Mash</i>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...		
<i>Seen a Black car pull into our work zone and the passenger was beating the sh*t out of the driver</i>			
<i>SCANNED</i> <i>AUG 02 2017</i>			
PAGE <u> </u> OF <u> </u>			

READ AND SIGN

I SWEAR AND AFFIRM THIS AND/OR THE ATTACHED STATEMENTS ARE CORRECT AND TRUE:

YOUR SIGNATURE: *X*

DEPUTY SHERIFF NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: _____ TIME: _____

SIGNATURE: _____ ID: _____

IF YOU DO NOT WISH TO PROSECUTE, COMPLETE THE ABOVE STATEMENT, READ THIS DISCLAIMER AND INITIAL BELOW: I AM OF LEGAL AGE AND I AM THE REPORTED VICTIM OF A CRIME UNDER FLORIDA LAW. I HEREBY STATE THAT I WILL NOT COOPERATE ANY FURTHER WITH THE INVESTIGATION OF THE ALLEGED CRIME. I FURTHER RELEASE THE PALM BEACH COUNTY SHERIFF'S OFFICE OF ANY PRESENT OR FUTURE RESPONSIBILITY AS TO MY CASE. I ACKNOWLEDGE THAT I UNDERSTAND MY RIGHTS AS A CRIME VICTIM, PARTICULARLY REGARDING VICTIM COMPENSATION ELIGIBILITY, WHICH INCLUDES SUCH BENEFITS AS REIMBURSEMENT FOR: DISABILITY; LOST WAGES; LOSS OF SUPPORT; MEDICAL, DENTAL, MENTAL HEALTH COUNSELING AND FUNERAL EXPENSES. I AM AWARE I MAY BE GIVING UP THESE RIGHTS FOR MY FAMILY AND MYSELF BY INITIALLING BELOW. I AM TAKING THIS POSITION OF MY OWN FREE WILL KNOWING THAT THE CASE CAN ONLY BE FURTHER INVESTIGATED AND PROSECUTED WITH MY COOPERATION.

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