

0427668

1482

ARREST / NOTICE TO APPEAR  
Juvenile Referral Report

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

1

Juvenile  N

OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06- 18088342</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		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
Location of Arrest (Including Name of Business) <b>4630 BETELNUT ST, BOCA RATON FL 33428</b>				Location of Offense (Business Name, Address) <b>4630 BETELNUT ST, BOCA RATON FL 33428</b>			
Date of Arrest <b>06/20/2018</b>	Time of Arrest <b>2230</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle	
Name (Last, First, Middle) <b>Walinski, Brett, Lawrence</b>				Alias (Name, DOB, Soc. Sec. #, Etc.)			
Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>M</b>	Date of Birth <b>3/11/1992</b>	Height <b>6'01</b>	Weight <b>210</b>	Eyes Color <b>BLU</b>	Hair Color <b>BRO</b>	Complexion <b>MED</b>
Build <b>LGE</b>				Marital Status <b>Single</b>		Religion <b>CHRISTIAN</b>	
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>UPPER TORSO</b>				Indication of: Alcohol Influence Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
Local Address (Street, Apt. Number) <b>4630 Betelnut St, Boca Raton, FL 33428</b>				Phone <b>(561) 449-6563</b>		Address Source <b>VERBAL</b>	
Permanent Address (Street, Apt. Number)				Phone		Occupation <b>NONE</b>	
Business Address (Name, Street)				Phone		Citizenship <b>US</b>	
DL Number, State <b>W452072920910, FL</b>		Soc. Sec. Number		INS Number		Place of Birth (City, State) <b>BERWYN, IL</b>	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Co-Defendant Name (Last, First, Middle)				Race		Sex	
Parent Name (Last) (First) (Middle)				Residence Phone		Business Phone	
Address (Street, Apt. Number)				City		State	
Notified by: (Name)				Date		Time	
Released To: (Name)				Relationship		Time	
The above address 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 (Phone 365-2526) informed of any change of address. <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 N. N/A 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. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	
H. Hallucinogen M. Marijuana O. Opium/Deriv.		P. Paraphernalia/ Equipment S. Synthetics		U. Unknown Z. Other			
Charge Description <b>DOMESTIC 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>	
Drug Activity <b>N</b>		Drug Type <b>N</b>		Amount / Unit		Offense # <b>18088342</b>	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Charge Description		Counts		Domestic Violence		Statute Violation Number	
Drug Activity		Drug Type		Amount / Unit		Offense #	
Location (Court, Room Number, Address) <b>South County Courthouse, Courtroom #1, 200 W. Atlantic Ave., Delray Beach, FL 33444 - Ph: (561) 355-2996</b>							
Court Date and Time Month <b>06</b> Day <b>20</b> Year <b>2018</b> Time <b>11</b> AM							
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 <b>06/20/2018</b>							
Signature of Defendant (or Juvenile and Parent /Custodian)				Date Signed			
HOLD for other Agency Name:		Signature of Arresting Officer		Name Verification (Printed by Arrestee)			
<input type="checkbox"/> Dangerous <input type="checkbox"/> Stoldal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) <b>D/S F. DIGSBY #26683</b>		ID # <b>26683</b>	
Transporting Officer <b>Thomas</b>		Pouch #		ID # <b>802</b>		Agency <b>P3 70</b>	
Witness here if subject signed with an "X"						PAGE <b>1</b> OF <b>1</b>	

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'S ONLY)

PROBABLE CAUSE AFFIDAVIT

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

1 Juvenile N

OBTS Number		Agency Report Number <b>06- 18088342</b>	
Agency ORI Number <b>FL0 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>	
Change Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony		Special Notes: <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other	
Name (Last, First, Middle) <b>Walinski, Brett, Lawrence</b>		Alias	Date of Birth <b>3/11/1992</b>
Charge Description <b>DOMESTIC BATTERY</b>		784.03(1)(a)(1)	
Victim's Name (Last, First, Middle) <b>Wollin, Deanna, M</b>		Race <b>W</b>	Sex <b>F</b>
Local Address (Street, Apt. Number) <b>4630 Beteinut Street, Boca Raton, FL 33428</b>		Phone <b>(561) 876-6468</b>	Address Source
Business Address (Name, Street)		Phone	Occupation
<p>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.</p> <p>The Person taken into custody  <input type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____ admitting to the below facts.  <input type="checkbox"/> was observed by _____ who told that he/she saw the arrested person commit the below acts.  <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.</p> <p>On the <b>20TH</b> day of <b>JUNE</b> 20<b>18</b> at <b>2129</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p> <p><b>On 06/20/2018, at approximately 2129 hours, I was dispatched to 4630 Beteinut St, unincorporated Boca Raton, Palm Beach County, Florida, in reference to a domestic battery.</b></p> <p><b>On arrival, I made contact with the complainant, Deana Wollin, who provided me with a sworn written statement, took a verbal oath to same, and stated that she was sitting in her living room viewing television when her son, Brett Wolinski arrived at the residence. Brett ordered a pizza from Jets Pizza. The pizza arrived and there was a discussion about payment. The delivery driver left the location without the payment. Wollin and Wolinski got into an argument about paying for the pizza because the Jets pizza called back and told Wolinski that they will no longer deliver to that residence.</b></p> <p><b>Wollin stated that Wolinski began to yell and scream at her. Wollin stated that Wolinski got close to her face while she was sitting on the sofa and said "fuck you cunt, you can't have pizza." Wolinski said Wollin was "nothing but a pathetic piece of shit." The argument escalated and Wolinski got closer to Wollin's face and used his hand to knock the glasses off Wollin's face. The glasses fell to the floor. Wollin stated that she then tried to push Wolinski away and told him to get out of the house. Wollin stated that she tried to get up and get away but Wolinski kept getting in her face and bumping her with his chest. Wollin stated that she pushed Wolinski away and he grabbed her wrists while yelling "fuck you cunt." At that point Wollin's boyfriend, Joseph Zenchak entered the living room from the bedroom and separated the two. Wollin then contacted PBSO.</b></p> <p><b>I then made contact with Wolinski, who provided me with a sworn written statement, took a verbal oath to same, and stated that he did get into an argument with Wollin about the money for the pizza delivery. Wolinski stated that he exchanged words with his mother and then he tapped the ash tray on the coffee table that was next to Wollin on the sofa. Wolinski stated that Wollin grabbed his shirt and began to pull him, then Wollin began to scratch Wolinski on the upper torso. Wolinski stated that he grabbed Wollin by the wrists to restrain her until Joseph Zenchak came out of the bedroom to separate them.</b></p> <p><b>I then made contact with Joseph Zenchak who stated that he was in the bedroom and heard the loud argument escalate. Zenchak stated that he heard a loud bang and went into the living room to investigate. Zenchak stated that he did not see the battery occur.</b></p> <p><b>Deputy Harding #28989 photographed the injuries of Wollin and Wolinski then uploaded them to the domestic violence website.</b></p> <p><b>Based upon my investigation, probable cause exist to charge Brett Wolinski with one count of domestic battery in violation of F.S.S. 784.03(1)(a)(1). Wolinski was place under arrest, handcuffed to the rear, checked for fit and placed in the back of my marked police vehicle. He was then transferred to Deputy Orozco #8057 for transport to the Palm Beach County Jail.</b></p> <p><b>This case was cleared by arrest.</b></p>			
STATE OF FLORIDA COUNTY OF PALM BEACH		D/S F. DIGSBY #26683	
(Signature of Arresting/Investigative Officer)			
The foregoing instrument was sworn to or affirmed and subscribed before me this <b>20th</b> day of <b>JUNE</b> 20 <b>18</b> by <b>D/S F. DIGSBY #26683</b>		Known Law Enforcement Officer	
(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced			
<b>D/S P. MCDONOUGH #14976</b>			
Notary Public, Clerk of Court, Officer (F.S.S. 117.10)			

# VICTIM NOTIFICATION FORM

This form must be completed when one of the following crime(s) has been committed:

- 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

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

1. Incident Report #: 18088342 Agency: PBSO  
Offense: DOMESTIC BATTERY  
Suspect/Offender: Walinski, Brett, Lawrence  
D.O.B. 3/11/1992 Race: W Sex: M

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

3.a. Victim's name: Wollin, Deanna, M D.O.B. 03/15/1965 Race: W Sex: F  
Address: 4630 Betelnut Street  
City: Boca Raton, FL 33428  
Home #- (561) 876-6468 Work #: 0 Other: \_\_\_\_\_

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

NOTE: PURSUANT TO F.S. 119.07, THE CONTENTS OF THIS FORM MAY BE 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: Wollin, Deanna, M

Deputy's Name: D/S F. DIGSBY #26683 I.D.# 26683 Date: 06/20/2018  
White/Corrections or State Attorney (Warrant Application) Yellow/Warrants Section Pink/Central Records

SUSPECT/OFFENDER: **Walinski, Brett, Lawrence** COURT CASE/WARRANT#.  
(FOR WARRANTS USE ONLY)

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

Suspect: Walinski, Brett, Lawrence DOB: 3/11/1992 Case #: 18088342

Victim: Wollin, Deanna, M DOB: 03/15/1965 Race: W Sex: F

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

Photographs: Scene  Yes  No Victim  Yes  No Defendant  Yes  No

911 Call:  Yes  No Caller: Wollin, Deanna, M

Weapon Used:  Yes  No Type: hands

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

Victim Pregnant:  Yes  No If yes, \_\_\_ weeks \_\_\_ months

Injuries:  Yes  No Description: scratches

Medical Treatment:  Yes  No

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

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

Are Children Living in 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 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: 4630 Betelnut Street, Boca Raton, FL 33428

Phone: Home (561) 876-6468 Work ( ) - Cell ( ) -

Employer: \_\_\_\_\_

Name of Relative: \_\_\_\_\_ Phone ( ) -

Address: \_\_\_\_\_

**PALM BEACH CNTY SHERIFF'S OFFICE**

**VICTIM NOTIFICATION ENTRY**

Defendant Name: WALINSKI, BRETT L

SSN: [REDACTED] Book #: [REDACTED]

Victim First Name: DEANNA

Victim Middle Name: M

Victim Last Name: WOLLIN

Victim Full Name: WOLLIN, DEANNA M

Victim Minors Name:

Day Phone: (561) 876-6488

Night Phone:

Last 4 SSN:

Victim Type: DOMESTIC VIOLENCE

Victim Id: 162665

Book #: 2018020575

Entry By: 9226 Modified By: 9226

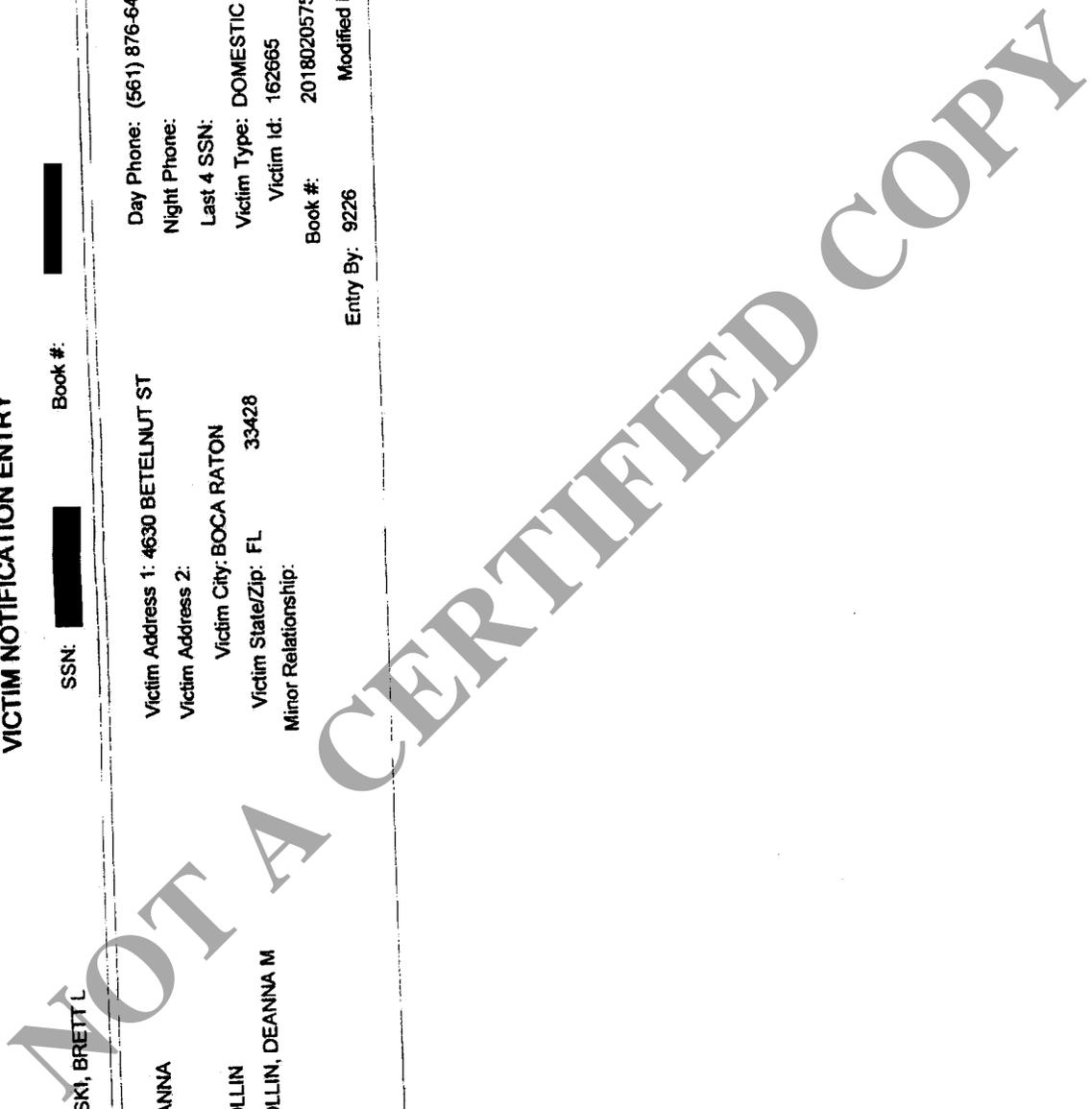
Victim Address 1: 4630 BETELNUT ST

Victim Address 2:

Victim City: BOCA RATON

Victim State/Zip: FL 33428

Minor Relationship:



VICTIM /WITNESS INFORMATION

VICTIM **Wollin** **Deanna** **M** **W** **F** **03/15/1965**  
Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS **4630 Beteinut Street, Boca Raton, FL 33428** **(561) 876-6468**  
Home Address (Street, Apt. Number) (City) (State) (zip) (Phone)

OWNER **0**  
Business (Name & Address) (City) (State) (zip) (Phone)

Synopsis of Testimony

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

VICTIM **Zenchak** **Joseph** **Phillip** **W** **M** **02/22/1965**  
Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS **4630 Beteinut St, Boca Raton, FL 33428** **(561) 666-0444**  
Home Address (Street, Apt. Number) (City) (State) (zip) (Phone)

OWNER **0**  
Business (Name & Address) (City) (State) (zip) (Phone)

Synopsis of Testimony

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

VICTIM \_\_\_\_\_  
Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS \_\_\_\_\_  
Home Address (Street, Apt. Number) (City) (State) (zip) (Phone)

OWNER \_\_\_\_\_  
Business (Name & Address) (City) (State) (zip) (Phone)

Synopsis of Testimony

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

VICTIM \_\_\_\_\_  
Name (Last) (First) (Middle) (Race) (Sex) (Date of Birth)

WITNESS \_\_\_\_\_  
Home Address (street, Apt. Number) (city) (state) (Zip) (phone)

OWNER \_\_\_\_\_  
Business (Name & Address) (City) (State) (zip) (Phone)

Synopsis of Testimony

ADDRESS SOURCE  
 Verbal  
 Driver's License  
 Voter's ID  
 Other \_\_\_\_\_

NOT A CERTIFIED COPY

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 #: 18-088342 ZONE: 7-62 SUSPECT: DATE & TIME OF ORIGINAL EVENT/OFFENSE: 6/20/18  
 EVENT TYPE: Domestic Battery DEPUTY: F. DIBSBY ID#: 26683

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: WOLLIN FIRST NAME: DEANA MIDDLE INITIAL: RACE: SEX:  
 DATE OF BIRTH: (MM/DD/YYYY) 03-15-65 YOUR HEIGHT: 5'4" YOUR WEIGHT: 175 YOUR HAIR COLOR: Brown YOUR EYE COLOR: Blue  
 YOUR HOME ADDRESS: 4630 Palmetto ST CITY: BOCA RATON FL STATE: FL ZIP: 33428  
 YOUR WORK NAME & ADDRESS: CITY: STATE: ZIP:  
 WORK PHONE: CELL PHONE: 561 976 6469 HOME PHONE: EMAIL:  
 ( ) ( ) ( ) ( )

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

YOUR NAME: Deana Wollin

DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

MY SON WALKED IN THE FRONT DOOR TELLING ME THAT JET'S PIZZA WILL NO LONGER DELIVER TO OUR HOUSE BECAUSE HE REFUSED TO PAY THEM THE MONEY FOR THE PIZZA. I SAID NO PAY THEM THERE MONEY THAT'S WRONG I LIKE JET'S PIZZA. HE THEN BEGAN YELLING AND SAYING TO ME AND FUCK YOU YOU WANT YOU CAN'T HAVE PIZZA WANT WANT. HE SAID I WAS NOTHING BUT A PATHETIC PISS OF SHIT I THEN SAID DON'T TALK TO ME THAT WAY HE THEN AS I SAT ON THE COUCH GOT INTO MY FACE AND GRABBED MY ANKLES BY MY FACE AND I THEN TRIED PUSHING HIM AWAY AND TELLING HIM TO GET OUT OF MY HOUSE I THEN TRIED TO GET AWAY HE KEPT GETTING INTO MY FACE AND STRUCKING ME WITH HIS CHEST. I PULSED HIM AWAY AND HE THEN GRABBED MY WRISTS SAYING FUCK YOU THEN MY BOYFRIEND CAME FROM THE BACKDOOR AND PULSED HIM IN THE MIDDLE HE CONTINUED SCREAMING THAT I AM A USELESS PIECE OF SHIT MY BOYFRIEND DETAINED HIM AND I GOT MY PHONE AND CALLED 911

READ AND SIGN

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

YOUR SIGNATURE: X Deana Wollin

DEPUTY SHERIFF  NOTARY PUBLIC FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: 6/20/18 TIME: 2215  
 SIGNATURE: ID: 26683

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.

(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

PBSO #0134 REV. 12/11

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 #: <b>18088342</b>	ZONE: <b>7-62</b>	SUSPECT:	DATE & TIME OF ORIGINAL EVENT/OFFENSE: <b>6/20/18</b>
EVENT TYPE: <b>Domestic Battery</b>		DEPUTY: <b>F. DIBBY</b>	ID#: <b>26683</b>

COMPLETE EVERYTHING BELOW - PRINT LEGIBLY

LAST NAME: <b>Wlinski</b>	FIRST NAME: <b>Brett</b>	MIDDLE INITIAL: <b>L</b>	RACE: <b>W</b>	SEX: <b>M</b>
DATE OF BIRTH: (MM/DD/YYYY) <b>03/11/1992</b>	YOUR HEIGHT: <b>6'1"</b>	YOUR WEIGHT: <b>220</b>	YOUR HAIR COLOR: <b>brown</b>	YOUR EYE COLOR: <b>blue</b>
YOUR HOME ADDRESS: <b>4636 Befelwst St</b>	<input type="checkbox"/> CHECK IF HOMELESS	CITY: <b>Boca Raton</b>	STATE: <b>FL</b>	ZIP: <b>33428</b>
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE <b>( )</b>	CELL PHONE: <input type="checkbox"/> CHECK IF NONE <b>(501) 449-6563</b>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE <b>( )</b>	EMAIL:	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: <b>Brett Wlinski</b>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p>I came home and my mother and I got into a verbal argument over Jets pizza. We exchanged words and I tapped a ash tray on the coffee table she was sitting next to and she grabbed me by the shirt pulled me in and started scratching my chest and face and tried biting me. I grabbed her by the wrists and restrained her until Joseph Zenczek came out of the bedroom watching me hold her from hitting me. I called the police when I got a second and waited outside for them to arrive.</p>	
PAGE <u>1</u> OF <u>1</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: **6/20/18** TIME: **2010**  
 SIGNATURE:   
 ID: **26683**

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  
 PBSO #0134 REV. 12/11



**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, 5
	<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"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

**REVIEW COMPLETED BY**

Booking Number: 2018020575	Date: 6/21/2018
	Specialist Name/ID: M. Tooks #8557