

J#0509189 19mm00799BCH# 3438

| OBTS Number                                                                                                                                                                                                                                                                                                                      |  | ARREST / NOTICE TO APPEAR<br>Juvenile Referral Report                                                                                                                                                                                                                   |  | 1. Arrest<br>2. N.T.A.                                                                     |  | 3. Request for Warrant<br>4. Request for Capias                                      |  | 1                                                                                                                                               |  | Juvenile<br>N                                                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                                           |  | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                                                                                                                                                                                                |  | Agency Report Number (N.T.A.'s only)<br><b>06- 19089692</b>                                |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |  | Weapon Seized / Type<br>2. Yes<br>1. No                                                    |  | Multiple Clearance Indicator<br>01                                                   |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Location of Arrest (Including Name of Business)<br><b>2905 S JOG RD, GREENACRES, FL 33467</b>                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                         |  | Location of Offense (Business Name, Address)<br><b>2905 S JOG RD, GREENACRES, FL 33467</b> |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Date of Arrest<br><b>07/04/2019</b>                                                                                                                                                                                                                                                                                              |  | Time of Arrest<br><b>2211</b>                                                                                                                                                                                                                                           |  | Booking Date                                                                               |  | Booking Time                                                                         |  | Jail Date                                                                                                                                       |  | Jail Time                                                                                                                                                                                             |  |
| Location of Vehicle                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Name (Last, First, Middle)<br><b>Veitz, David, B</b>                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Alias (Name, DOB, Soc. Sec. #, Etc.)                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Race<br>W - White I - American Indian<br>B - Black O - Oriental/Asian                                                                                                                                                                                                                                                            |  | Sex<br>W M                                                                                                                                                                                                                                                              |  | Date of Birth<br><b>07/14/1965</b>                                                         |  | Height<br><b>5'10</b>                                                                |  | Weight<br><b>180</b>                                                                                                                            |  | Eye Color<br><b>Brown</b>                                                                                                                                                                             |  |
|                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  | Hair Color<br><b>Black</b>                                                                                                                      |  | Complexion<br><b>Light</b>                                                                                                                                                                            |  |
|                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  | Build<br><b>Med</b>                                                                                                                                                                                   |  |
| Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)<br><b>Anchor right foot</b>                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                         |  | Marital Status<br><b>Married</b>                                                           |  | Religion<br><b>NONE</b>                                                              |  | Indication of:<br>Alcohol Influence<br>Drug Influence<br>Y N Unk.<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |  |                                                                                                                                                                                                       |  |
| Local Address (Street, Apt. Number) (City) (State) (Zip)<br><b>3898 Pinehurst Dr, Lake Worth, FL 33467</b>                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                         |  | Phone<br><b>(561) 386-7524</b>                                                             |  | Residence Type:<br>1. City<br>2. County<br>3. Florida<br>4. Out of State<br><b>2</b> |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Permanent Address (Street, Apt. Number) (City) (State) (Zip)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                         |  | Phone                                                                                      |  | Address Source<br><b>FLDL</b>                                                        |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Business Address (Name, Street) (City) (State) (Zip)                                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                         |  | Phone                                                                                      |  | Occupation                                                                           |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| DL Number, State<br><b>V32016265240, FL</b>                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                         |  | Soc. Sec. Number                                                                           |  | INS Number                                                                           |  | Place of Birth (City, State)<br><b>Youngstown, OH</b>                                                                                           |  | Citizenship<br><b>US</b>                                                                                                                                                                              |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                         |  | Race                                                                                       |  | Sex                                                                                  |  | Date of Birth                                                                                                                                   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Co-Defendant Name (Last, First, Middle)                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                         |  | Race                                                                                       |  | Sex                                                                                  |  | Date of Birth                                                                                                                                   |  | <input type="checkbox"/> 1. Arrested<br><input type="checkbox"/> 2. At Large<br><input type="checkbox"/> 3. Felony<br><input type="checkbox"/> 4. Misdemeanor<br><input type="checkbox"/> 5. Juvenile |  |
| Parent<br>Legal Custodian<br>Other:                                                                                                                                                                                                                                                                                              |  | Name (Last) (First) (Middle)                                                                                                                                                                                                                                            |  |                                                                                            |  | Residence Phone                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                                    |  | (City) (State) (Zip)                                                                                                                                                                                                                                                    |  |                                                                                            |  | Business Phone                                                                       |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Notified by: (Name)                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                         |  | Date                                                                                       |  | Time                                                                                 |  | Juvenile Disposition<br>1. Handled/processed within Dept. and Released.<br>2. TOT HRS / DYS<br>3. Incarcerated                                  |  |                                                                                                                                                                                                       |  |
| Released To: (Name)                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                         |  | Relationship                                                                               |  |                                                                                      |  | Date                                                                                                                                            |  | 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 355-2526) informed of any change of address.<br><input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason) |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  | School Attended                                                                      |  | Grade                                                                                                                                           |  |                                                                                                                                                                                                       |  |
| Property Crime?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                      |  | Description of Property                                                                                                                                                                                                                                                 |  |                                                                                            |  | Value of Property                                                                    |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Drug Activity<br>N. N/A<br>P. Possess                                                                                                                                                                                                                                                                                            |  | S. Sell<br>B. Buy<br>T. Traffic                                                                                                                                                                                                                                         |  | R. Smuggle<br>D. Deliver<br>E. Use                                                         |  | K. Dispense/<br>Distribute                                                           |  | M. Manufacture/<br>Products/<br>Cultivate                                                                                                       |  | Z. Other                                                                                                                                                                                              |  |
| Drug Type<br>N. N/A<br>A. Amphetamine                                                                                                                                                                                                                                                                                            |  | B. Barbiturate<br>C. Cocaine<br>E. Heroin                                                                                                                                                                                                                               |  | H. Hallucinogen<br>M. Marijuana<br>O. Opium/Deriv.                                         |  | P. Paraphernalia/<br>Equipment<br>S. Synthetics                                      |  | U. Unknown<br>Z. Other                                                                                                                          |  |                                                                                                                                                                                                       |  |
| Charge Description<br><b>Resisting Officer Without Violence</b>                                                                                                                                                                                                                                                                  |  | Counts<br><b>01</b>                                                                                                                                                                                                                                                     |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N      |  | Statute Violation Number<br><b>843.02</b>                                            |  | Violation of ORD #                                                                                                                              |  |                                                                                                                                                                                                       |  |
| Drug Activity<br><b>N</b>                                                                                                                                                                                                                                                                                                        |  | Drug Type<br><b>N</b>                                                                                                                                                                                                                                                   |  | Amount / Unit<br><b>N/A</b>                                                                |  | Offense #<br><b>19089692</b>                                                         |  | Warrant / Capias Number                                                                                                                         |  | Bond<br><b>OR</b>                                                                                                                                                                                     |  |
| Charge Description                                                                                                                                                                                                                                                                                                               |  | Counts                                                                                                                                                                                                                                                                  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N      |  | Statute Violation Number                                                             |  | Violation of ORD #                                                                                                                              |  |                                                                                                                                                                                                       |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                    |  | Drug Type                                                                                                                                                                                                                                                               |  | Amount / Unit                                                                              |  | Offense #                                                                            |  | Warrant / Capias Number                                                                                                                         |  | Bond                                                                                                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                               |  | Counts                                                                                                                                                                                                                                                                  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N      |  | Statute Violation Number                                                             |  | Violation of ORD #                                                                                                                              |  |                                                                                                                                                                                                       |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                    |  | Drug Type                                                                                                                                                                                                                                                               |  | Amount / Unit                                                                              |  | Offense #                                                                            |  | Warrant / Capias Number                                                                                                                         |  | Bond                                                                                                                                                                                                  |  |
| Charge Description                                                                                                                                                                                                                                                                                                               |  | Counts                                                                                                                                                                                                                                                                  |  | Domestic Violence<br><input type="checkbox"/> Y <input checked="" type="checkbox"/> N      |  | Statute Violation Number                                                             |  | Violation of ORD #                                                                                                                              |  |                                                                                                                                                                                                       |  |
| Drug Activity                                                                                                                                                                                                                                                                                                                    |  | Drug Type                                                                                                                                                                                                                                                               |  | Amount / Unit                                                                              |  | Offense #                                                                            |  | Warrant / Capias Number                                                                                                                         |  | Bond                                                                                                                                                                                                  |  |
| Location (Court, Room Number, Address)<br><b>Criminal Justice Complex, 3228 Gun Club Road, West Palm Beach, FL 33406 - Ph: (561) 688-4600</b>                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Court Date and Time<br>Month <b>July</b> Day <b>30</b> Year <b>2019</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| 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.                  |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Signature of Defendant (or Juvenile and Parent/Custodian)<br><i>David B. Veitz</i>                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  | Date Signed<br><b>07/04/2019</b>                                                                                                                                                                      |  |
| HOLD for other Agency<br>Name:                                                                                                                                                                                                                                                                                                   |  | Signature of Arresting Officer<br><i>[Signature]</i>                                                                                                                                                                                                                    |  |                                                                                            |  | Name Verification (Printed by Arrestee)<br><i>[Signature]</i>                        |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| <input type="checkbox"/> Dangerous<br><input type="checkbox"/> Suicidal<br><input type="checkbox"/> Resisted Arrest<br><input type="checkbox"/> Other:                                                                                                                                                                           |  | Name of Arresting Officer (Print)<br><b>D/S P. SANCHEZ</b>                                                                                                                                                                                                              |  |                                                                                            |  | ID #<br><b>24967</b>                                                                 |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |
| Intake Deputy<br><i>DS/MS 7622</i>                                                                                                                                                                                                                                                                                               |  | ID #<br><b>3438</b>                                                                                                                                                                                                                                                     |  | Pouch #<br><b>3438</b>                                                                     |  | Transporting Officer<br><b>D/S P. SANCHEZ</b>                                        |  | ID #<br><b>24967</b>                                                                                                                            |  | Agency<br><b>PBSO</b>                                                                                                                                                                                 |  |
| Witness here if subject signed with an "X"                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                         |  |                                                                                            |  |                                                                                      |  |                                                                                                                                                 |  |                                                                                                                                                                                                       |  |

JUL 04 2019

| OBTS Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                    | <b>PROBABLE CAUSE AFFIDAVIT</b> |                                                                                                                                                                                                                                                                         | 1. Arrest<br>2. N.T.A. |                                             | 3. Request for Warrant<br>4. Request for Capias |                 | Juvenile <span style="border: 1px solid black; padding: 0 5px;">N</span> |                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------|-------------------------------------------------|-----------------|--------------------------------------------------------------------------|------------------------------------|
| ADMIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Agency ORI Number<br><b>FLO 500000</b>                                                                                                                                                                                                                                                                             |                                 | Agency Name<br><b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>                                                                                                                                                                                                                |                        | Agency Report Number<br><b>06- 19089692</b> |                                                 |                 |                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charge Type:<br>Check as many as apply.                                                                                                                                                                                                                                                                            |                                 | <input type="checkbox"/> 1. Felony<br><input type="checkbox"/> 2. Traffic Felony<br><input checked="" type="checkbox"/> 3. Misdemeanor<br><input type="checkbox"/> 4. Traffic Misdemeanor<br><input type="checkbox"/> 5. Ordinance<br><input type="checkbox"/> 6. Other |                        | Special Notes:                              |                                                 |                 |                                                                          |                                    |
| CHARGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name (Last, First, Middle)<br><b>Veitz, David, B</b>                                                                                                                                                                                                                                                               |                                 | Alias                                                                                                                                                                                                                                                                   |                        | Race<br><b>W</b>                            |                                                 | Sex<br><b>M</b> |                                                                          | Date of Birth<br><b>07/14/1965</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Charge Description<br><b>Resisting Officer Without Violence</b>                                                                                                                                                                                                                                                    |                                 | 893.13(6A)                                                                                                                                                                                                                                                              |                        | Charge Description                          |                                                 |                 |                                                                          |                                    |
| VICTIM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Victim's Name (Last, First, Middle)<br><b>STATE OF FLORIDA, ,</b>                                                                                                                                                                                                                                                  |                                 |                                                                                                                                                                                                                                                                         |                        | Race                                        |                                                 | Sex             |                                                                          | Date of Birth                      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Local Address (Street, Apt. Number)                                                                                                                                                                                                                                                                                |                                 | (City) (State) (zip)                                                                                                                                                                                                                                                    |                        | Phone                                       |                                                 | Address Source  |                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Business Address (Name, Street)                                                                                                                                                                                                                                                                                    |                                 | (City) (State) (zip)                                                                                                                                                                                                                                                    |                        | 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.<br/>           The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.<br/> <input type="checkbox"/> confessed to _____<br/>             admitting to the below facts.           </div> <div> <input type="checkbox"/> was observed by _____ who told _____<br/>             that he/she saw the arrested person commit the below acts.<br/> <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.           </div> </div> <p>On the <b>4TH</b> day of <b>JULY</b> 20 <b>19</b> at <b>9:16</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                 |                                                                          |                                    |
| <p><b>On July 04, 2019, at approximately 9:16pm, I D/S P. Sanchez ID# 24967 was on patrol at 2905 S Jog Rd (Greenacres Community Park), Greenacres, Palm Beach County, FL 33467. The call of a fight came out over the radio as I was positioned on the east side of the park. I walked west towards the bounce houses where the incident evidently occurred and was conducting my investigation into the fight (Reference PBSO Case #19-089691). As I'm talking with the persons involved in the supposed fight W/M David B. Veitz (07/14/1965) came up to me where I observed him to be intoxicated as he had slurred speech, glossy eyes, and the odor of an unknown alcoholic beverage coming off of his breath.</b></p> <p><b>Veitz came up to me and was closer than arms length away from me and I shouted at him multiple times to get back and move back towards the sidewalk. Veitz continued to walk towards me telling me something about his wife and then turned around and walked away. Veitz then came back towards me and where the complainants of the fight were at. Veitz was then advised by myself and Sgt Pickert #25002 to get back and walk away at which point Veitz walked up to Sgt Pickert and I observed Veitz put his left hand on Sgt Pickerts right arm. I then attempted to detain Veitz in handcuffs and placed my right hand on Veitz' right wrist to place it behind his back and Veitz pulled his arm in front of his body shielding himself from being detained and tensed up. I then leg swept Veitz with my right arm around his chest and assisted Veitz to the ground. Veitz then brought both arms to the front of his body and would not listen to multiple commands to stop resisting and place his arms behind his back. After multiple attempts at trying to place Veitz in handcuffs he finally listened and placed his hand behind his back and was placed in handcuffs that were checked for fit and double locked.</b></p> <p><b>Based on my investigation there is probable cause to charge of Resisting an Officer Without Violence, pursuant to F.S. 843.02.</b></p> <p><b>Veitz was taken to PBSO District 16 for preprocessing and later to the PBC Jail.</b></p> |                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                 |                                                                          |                                    |
| ADMINISTRATIVE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STATE OF FLORIDA<br>COUNTY OF PALM BEACH                                                                                                                                                                                                                                                                           |                                 | <b>D/S P. SANCHEZ</b>                                                                                                                                                                                                                                                   |                        |                                             |                                                 |                 |                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (Signature of Arresting/Investigative Officer)                                                                                                                                                                                                                                                                     |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                 |                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The foregoing instrument was sworn to or affirmed and subscribed before me this <b>4TH</b> day of <b>JULY</b> 20 <b>19</b> by <b>D/S P. Sanchez</b><br>(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced <b>known</b> |                                 |                                                                                                                                                                                                                                                                         |                        |                                             |                                                 |                 |                                                                          |                                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Notary Public, Clerk of Court, Officer (F.S.S. 117.10)                                                                                                                                                                                                                                                             |                                 | <b>D/S Gilmore #14457</b><br><div style="text-align: right;">PAGE<br/><b>1</b> OF <b>1</b></div>                                                                                                                                                                        |                        |                                             |                                                 |                 |                                                                          |                                    |



**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) |
|-------------------------------------------------------------|-------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| I/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),<br>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),<br>(2)(a)-(e) | Social Security, bank account, charge, debit, and credit card numbers.                                                                                                     | 2              |
|                                                             | <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),<br>119.0714(1)(h) | Protected information regarding victims of child abuse or sexual offenses.                                                                                                 |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            |                                         |                                                                                                                                                                            |                |
| Other                                                       | <input type="checkbox"/>            | 539.001(b)-(l)FSS,<br>539.003FSS        | Other: Pawn Broker Information.                                                                                                                                            |                |
|                                                             | <input type="checkbox"/>            | 3119.0712 (2)                           | Other: Personal Information Contained in a Motor Vehicle Record                                                                                                            |                |

**REVIEW COMPLETED BY**

**Booking Number:** 2019021922

**Date:** 7/5/2019

**Specialist Name/ID:** M. Tooks #8557