

16CT008352AUKMB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

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

3

Juvenile

ADMINISTRATIVE	OBTS Number		Agency ORT Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-16-040851					
	Charge Type: Check as many as apply <input checked="" type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other				Weapon Seized / Type 1. Yes 2. No		Multiple Clearance Indicator					
	Location of Arrest (Including Name of Business)				Location of Offense (Business Name, Address) 6300 Foreshill Blvd, Greenacres FL 33415							
	Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle					
DEFENDANT	Name (Last, First, Middle) HERKLOTZ, DOMINIQUE BRITTANY											
	Alias (Name, DOB, Soc. Sec. #, Etc.)											
	Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 07/26/1990	Height 5-03	Weight 160	Eye Color Brow	Hair Color Brow	Complexion Med	Build Med			
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) None seen				Marital Status sing	Religion NONE	Indication of: Alcohol Influence Drug Influence		Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>			
	Local Address (Street, Apt. Number) 134 GALIANO ST		(City) ROYAL PALM BEACH	(State) FL	(Zip) 33411	Phone (561) 6676312		Residence Type: 1. City 2. County 3. Florida 4. Out of State				
	Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone		Address Source DL				
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation Unknown				
	D/L Number, State R-300-972-67-706-0		Soc. Sec. Number		INS Number		Place of Birth (City, State) Unknown		Citizenship US			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
	Co-Defendant Name (Last, First, Middle)				Race	Sex	Date of Birth		<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large <input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile			
JUVENILE	Parent Name (Last, First, Middle)		Residence Phone		Business Phone							
	Legal Custodian		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone				
	Other:		Address (Street, Apt. Number)		(City)	(State)	(Zip)	Business Phone				
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		Date					
	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. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)				School Attended		Grade						
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property								
CHARGE	Drug Activity N N/A P Possess		S Sell B Buy T Traffic	R Smuggle D Deliver E Use	K Dispense/ Distribute	M Manufacture/ Produce/ Cultivate	Z Other	Drug Type N N/A A Amphetamine	B Barbiturate C Cocaine E Heroin	H Hallucinogen M Marijuana O Opium/Deriv.	P Paraphernalia/ Equipment S Synthetics	U Unknown Z Other
	Charge Description DUI		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193 (1)		Violation of ORD #					
	Drug Activity n	Drug Type n	Amount / Unit	Offense # 16-040851	Warrant / Capias Number		Bond					
	Charge Description Poss of Controlled Substance		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 893.13 (6a)		Violation of ORD #					
	Drug Activity p	Drug Type Z	Amount / Unit 1	Offense # 16-040851	Warrant / Capias Number		Bond					
Charge Description		Counts	Domestic Violence <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 <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) 3228 Gun Club Rd, WPB FL 33406												
Court Date and Time Month _____ Day _____ Year _____ Time _____ AM <input checked="" type="checkbox"/> PM												
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)								Date Signed				
HOLD for other Agency Name		Signature of Arresting Officer X				Name Verification (Printed by Arrestee)						
<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		<input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Name of Arresting Officer (Print) Cpl. S. Yoder #7690		I.D. # 7690		(PRINT)				
Intake Deputy		I.D. #	Pouch #	Transporting Officer Cpl. S. Yoder		ID # 7690	Agency PBSO		Witness here if subject signed with an -X"			
DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A.'s ONLY)								PAGE 1 OF 1				

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF February 20 16, AT 1934 AM PM

SUBJECT: HERKLOTZ, DOMINIQUE BRITTANY CASE NUMBER: 16-040851

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Cpl. S. Yoder #7690

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

On above date, I was dispatched to a female passed out behind the wheel of a white Mercedes located at the Dunkin Donuts 6300 Foresthill Blvd in the City of Greenacres, FL. I arrived on scene at the same time that Greenacres Fire Rescue arrived. My in car was activated to capture the incident. We all made contact with the female driver who was still slumped over the center console of the vehicle as she sat in the driver seat. The Mercedes engine was still running and the driver had her foot on the brake. Fire Rescue personnel and I made contact with the female to wake her up. Rescue personnel had difficulty waking the female. Fire Rescue had to give the subject 0.5 grams of Narcan in attempt to wake her up. We searched through her purse and her person to locate her drivers license or ID. The female was identified as Dominique Herklotz. Greenacres Fire Rescue had to remove Herklotz and place her on a gurney since she was still unconscious. Fire Rescue could see that she had a syringe lying on the driver seat, in between Herklotz legs before they pulled her out. As I observed her being removed, I could see them remove the used syringe. There was no substances left in the syringe. From the passenger front seat area, I could also see a used transparent pill end cap lying in the center console of the vehicle. The end cap had a white substance still inside that appeared to be Heroin. I could not field test the residue due to the small amount in the end cap. I placed the pill end cap into PBSO evidence and requested to have the residue in the end cap tested by PBSO Chemistry unit. Lying in the front passenger seat was a Walmart bag containing empty syringes.

OBSERVATION OF DRIVER:

I followed Greenacres Fire Rescue (Run# 16-803) as they transported Herklotz to Wellington Hospital for treatment. Upon my arrival at the hospital, Herklotz had droopy eyes and had difficulty keeping them open. Her speech was extremely slurred as she drooled. She also could not keep her head up as it tilted toward her chest. Her pupils were extremely constricted when she opened her eyelids. Herklotz became aware and started to wake up as the attending doctor was assessing her medical issue. The doctor stated that Herklotz required to stay at the hospital for observation and treatment. I informed Herklotz of her Constitutional Warnings on the pre-printed form and explained that she was not under arrest. She could not sign them since her hands were being used for blood pressure tests and assessment by the doctor. Herklotz stated that she had placed the Heroin pill into the syringe she had just purchased from Walmart. She stopped in front of the Dunkin Donuts where she injected the pill of Heroin into her arm. She didn't remember anything else since she passed out. Herklotz advised that she had not used Heroin in the last three months, but relapsed that night. Herklotz stated that she had no previous medical issues and was not drinking alcohol that night. I advised Herklotz that a breath test was impractical due to her stay at the hospital. Herklotz could not urinate so a urine sample could not be retrieved. I asked her if she would consent to give a blood sample to test for controlled substances and the Heroin she took.

DRIVER'S STATEMENTS:

She agreed without showing any concern or resentment. Herklotz signed the consent forms stating law enforcement could gather a blood sample. Nurse David Bowers was given a PBSO issued blood kit to retrieve the sample. He attempted to use the needle in the kit to try to gather a sample from her left arm. Due to her extensive past history of Heroin usage, Herklotz veins were damaged preventing blood samples from being taken out of the left arm. One sample tube had been used which gathered a couple of blood droplets at 2032 hrs. Nurse Bowers then had to use a butterfly needle provided by the hospital since the needle was easier to use on dug users. Bowers was able to gather a full tube of blood from Herklotz's right arm at 2033 hrs. The tubes and kit was placed into PBSO evidence to be tested by the Toxicology Unit. Nurse Bowers signed all of the appropriate paperwork stating that he was certified and the person that gathered the samples. I had no further contact with Herklotz.

ODORS:

No odors

GENERAL OBSERVATIONS

SPEECH: Mumbled and slurred at times.

ATTITUDE: Loopy at first and then conscious at the hospital

CLOTHING: light colored shirt, pants

MEDICAL/OTHER: Heroin usage

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. S. Yoder #7690

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 22 day of March 20 16 by Cpl. S. Yoder

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



Karen Dominguez
COMMISSION # EE 222443
EXPIRES AUG. 05, 2016
WWW.AARCHNOTARY.COM

SUBJECT: HERKLOTZ, DOMINIQUE BRITTANY CASE NUMBER 16-040851

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|--|--|
| <input type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

Not completed

WALK & TURN:

Not completed

ONE LEG STAND:

Not completed

FINGER TO NOSE:

Not completed

ROMBERG ALPHABET:

Not completed

BREATH TEST RESULTS: Blood

STATE OF FLORIDA
COUNTY OF PALM BEACH

Cpl. S. Yoder #7690

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 22 day of March 20 16 by Cpl. S. Yoder

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced _____

Notary Public, Clerk of Court, Officer (F S S 117 10)



Karen Dominguez
COMMISSION # EE 222443
EXPIRES: AUG. 05, 2016
www.FLORIDANOTARY.com

NOT A CERTIFIED COPY