

0483731

16CT23540

3289

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

1

Juvenile

N

ADMINISTRATIVE	OBTS Number		Agency ORT Number		Agency Name		16-166483		Agency Report Number (N.T.A.'s only)											
	FLO 500000		PALM BEACH COUNTY SHERIFF'S OFFICE		06-															
DEFENDANT	Charge Type:		<input type="checkbox"/> 1. Felony <input 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		Multiple Clearance Indicator		01											
	Location of Arrest (Including Name of Business) FLORIDA BLVD / ALTERNATE A1A PBC						Location of Offense (Business Name, Address) FLORIDA BLVD / ALTERNATE A1A PBC													
	Date of Arrest 12/19/2016		Time of Arrest 0228		Booking Date		Booking Time		Jail Date		Jail Time									
	Location of Vehicle NORTH COUNTY TOWING																			
	Name (Last, First, Middle) MAHLE-BAESZLER, FRANK																			
	Race W - White 1 - American Indian B - Black 0 - Oriental/Asian		Sex W		Date of Birth 3/15/1987		Height 6'02		Weight 195		Eye Color GREEN									
	Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description) N/A						Marital Status		Religion NONE		Indication of: Y N Alcohol Influence Drug Influence									
	Local Address (Street, Apt. Number) 12287 ACAPULCO AVE, PALM BEACH GARDENS, FL, 33418						Phone (561) 502-6824		Residence Type: 1. City 2. County		3. Florida 4. Out of State									
	Permanent Address (Street, Apt. Number) 12287 ACAPULCO AVE, PALM BEACH GARDENS, FL, 33418						Phone (561) 502-6824		Address Source VERBAL											
	Business Address (Name, Street)						Phone ()		Occupation BARTENDER											
D/L Number, State M412-279-87-095-0, FL			Soc. Sec. Number [REDACTED]			INS Number			Place of Birth (City, State) FT LAUDERDALE, FL			Citizenship USu								
CO-DEF	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	Name (Last) Or		(First)		(Middle)		Residence Phone ()													
	Parent Legal Custodian 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									
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								
CODE	Drug Activity S. Sell N. N/A P. Possess		R. Smuggle B. Buy T. Traffic		K. Dispense/ D. Deliver E. Use		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(4)		Violation of ORD # /			
CHARGE	Drug Activity N N		Drug Type /		Amount / Unit		Offense # 16-166483		Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Warrant / Capias Number /		Bond /					
	Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #						Warrant / Capias Number		Bond					
	Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #						Warrant / Capias Number		Bond					
	Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
CHARGE	Drug Activity		Drug Type		Amount / Unit		Offense #						Warrant / Capias Number		Bond					
	Charge Description										Counts		Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N		Statute Violation Number		Violation of ORD #			
NOTICE TO APPEAR	Location (Court, Room Number, Address) NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410												Violation of ORD #							
	Court Date and Time Month JANUARY Day 11 Year 2017 Time 0830 AM ✓ 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												SCANNED								
Signature of Defendant (or Juvenile and Parent / Custodian)												Name Verification (Printed by Arrestee) DEC 20 2016 (PRINT)								
HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:				Signature of Arresting Officer X 21289				I.D. # 21289		Name Verification (Printed by Arrestee) DEC 20 2016 (PRINT)										
Intake Deputy Colletta, 476 I.D. # Pouch #				Transporting Officer D/S P SCARTOZZI #21289				I.D. # 21289		Agency PBSO		PAGE 67 OF 1								
Witness here if subject signed with an "X"																				

PROBABLE CAUSE AFFIDAVIT

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

Juvenile

1

N

OBTS Number	PROBABLE CAUSE AFFIDAVIT				
Agency ORI Number	Agency Name	Agency Report Number			
FLO 5 0 0 0 0 0	PALM BEACH COUNTY SHERIFF'S OFFICE		06 16166483		
Charge Type Check as many as apply	<input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other _____	Special Notes			
Defendant Name (Last, First, Middle)	MAHLE-BAESZLER	FRANK	WILLIAM		
Charge	D.U.I.	Charge			
Charge		Charge			
Victim Name (Last, First, Middle)	STATE OF FLORIDA	Race	Sex	Date of Birth	
Local Address (Street, Apt. Number)	City	State	Zip	Phone	Address Source
Business Address (Street, Apt. Number)	City	State	Zip	Phone	Occupation
The undersign swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The person taken into custody... <input checked="" type="checkbox"/> committed the below acts in my presence. <input type="checkbox"/> confessed to admitting to the below facts. On the <u>19th</u> day of <u>December</u> 20 <u>16</u> at <u>1:50</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM					
<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts. <input checked="" type="checkbox"/> was found to have committed the below acts, resulting from (described) investigation.					

On December 19th, 2016 at approximately 0150 hours, I was following behind a gray Cadillac 4-D bearing FL tag EAT181 traveling northbound on Alt A1A approaching Burns Road in Palm Beach Gardens, FL. I activated my Stalker Patrol in-car radar system which displayed my patrol speed as well as the target vehicle's speed that was in front of me. The target vehicle was traveling at 60 mph in a posted 45 mph zone continuing north on Alt A1A. I was able to steadily pace the vehicle at 60 mph with my patrol vehicle for approximately one mile. I ran the tag through FCIC/NCIC which showed that the registered owner was a 29 year old white male who's license was suspended for "Non Judgement". The hit also showed that there was a seize tag order if the driver was the owner and there was no insurance information on file. I was able to pull up next to the vehicle on the driver side the red light of Alt A1A and Kyoto Gardens and noticed a white male approximately 29 years old driving the vehicle.

I conducted a traffic stop on the vehicle and made contact with the sole occupant and registered owner who was identified by his FL driver's license as Frank Mahle-Baeszler. I spoke with Frank and advised him for the reason I was stopping him. While speaking with Frank, I noticed that his eyes were red and glossy and his face was flush. Frank was also slurring his words and I noticed a strong odor of alcohol coming from his breath as he spoke. I asked Frank where he was coming from to which he stated he had just left the Pirates Well bar in Lake Park. When I advised him that I could smell alcohol coming from him, he replied that he had three mixed drinks while at the bar. I confirmed through dispatch that Frank's license was indeed suspended back in September of 2016. Frank was also unable to provide me with valid proof of current insurance had D/S Scartozzi 21289 respond to the scene who then conducted a DUI investigation.

SCANNED

DEC 19 2016

The foregoing instrument was sworn to and affirmed before me this 19th day of December 20 16 by:

D/S Scartozzi 21289

D/S Hole

18340

Name of Notary Public / Clerk of Court / Officer (F.S.S. 117.00)

Name of Arresting/Investigating Officer

Page

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 19 DAY OF DECEMBER 20 16, AT 0200 AM PM
SUBJECT: MAHLE-BAESZLER, FRANK CASE NUMBER: 16-166483
AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: D/S P SCARTOZZI #21289
PERSONAL CONTACT

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

See supplemental probable cause affidavit provided by D/S Hole ID 18340

OBSERVATION OF DRIVER:

Upon contact with the driver I immediately detected an obvious and strong odor of an unknown alcoholic beverage emitting from his person and face area which intensified as he spoke to me. He had glassy, glazed, and blood shot eyes. His speech was slow, slurred, thick, and at times difficult to understand. His movements were slow and deliberate while retrieving the vehicle documents. He was lethargic in his movements with poor coordination. He had an unsteady gate while walking to my patrol vehicle.

DRIVER'S STATEMENTS:

Driver stated he had 3 cocktails after leaving the Pirates Well Restaurant.

ODORS:

A strong and obvious odor of an unknown alcoholic beverage was emitting from his person and face area. This odor intensified as she spoke with me.

GENERAL OBSERVATIONS

SPEECH: **Slow, Slurred, Sometimes difficult to understand**

ATTITUDE: **Mood swings, Cooperative, uncooperative**

CLOTHING: **Black tank top under a grey jacket, Blue jean pants, Grey shoes.**

MEDICAL/OTHER: Driver stated he had no medical problems.

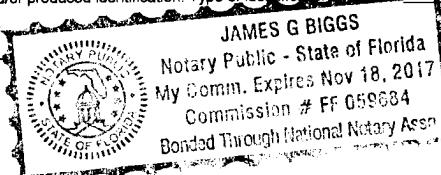
STATE OF FLORIDA
COUNTY OF PALM BEACH

D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of DECEMBER 20 16 by D/S P SCARTOZZI #21289

(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)

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DEC 20 2016

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

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

Other Observations:

He was instructed to stand with his feet and toes together with his arms at his sides. While in this position he would sway roughly in a side to side front to back pattern. He was then asked if he could identify the color of the stimulus I placed in front of his eyes. He was then asked to touch the tip of the stylus with his right index finger to properly identify the point to be tracked. He was reminded to track the pen with his eyes only. He failed to keep his head still while tracking the stimulus. See offence report for more information.

WALK & TURN:

He was asked to place his left foot on the ground with his right foot directly in front of it, then place his arms at his sides and stay in this position while I demonstrated this task. He would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions and stepped out of the stance during the demonstration to catch his balance. On the first set of heel to toe steps he missed steps one through nine. On the second set of heel to toe steps he missed steps one through nine. He performed the turn other than the way it was demonstrated. On the second set of heel to toe steps instead of making a 180 degree turn and returning like he was instructed to do so he made a 90 degree turn and took 9 steps at a 90 degree angle. This was other then how it was explained an demonstrated. See offence report for more information.

ONE LEG STAND:

He was asked to stand with his feet and toes together with his arms at his sides and stay in this position while I demonstrate this task. He would sway roughly, in a side to side, front to back pattern throughout the demonstration phase. He could not maintain his balance while listening to instructions and stepped out of the stance during the demonstration to catch his balance. He continued to sway while balancing on one leg. He used his arms to balance by raising them more than six inches from his sides. He put his foot down to regain his balance at numerous times before the thirty seconds had elapsed. He put his foot down three times all before counting to thirty seconds, thusly not being able to complete the task. See offence report for more information.

FINGER TO NOSE:

He was asked to stand with his feet and toes together. He was then instructed to make a first with both hands and extend both his index fingers. He was then asked to placed his hands down to his sides and remain in this position while I demonstrated this task. I demonstrated the proper instruction position. He would sway roughly in a side to side, front to back pattern throughout the demonstration phase. He did not keep his eyes closed and had to be reminded numerous times to do so. His index finger did not touch his nose. He used the hand other than that which was called. The sequence used for this task was L, R, L, R, R, L. See offence report for more information.

ROMBERG ALPHABET:

He was asked to stand with his feet and toes together with his arms at his sides and stay in this position while I demonstrated this task. He chose to recite the alphabet. He would sway roughly in a side to side, front to back pattern throughout the demonstration phase. He would not keep his eyes closed and had to be reminded numerous times to do so. He would sway more than 2 inches. He recited the alphabet as follows "A B C D E F G H I J K L M M W O P Q R U T U U W X Y Z" See offence report for more information.

BREATH TEST RESULTS: 1) .156 2) .154 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

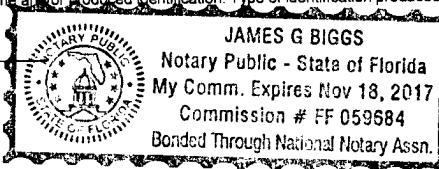
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 19 day of DECEMBER 2016 by D/S P SCARTOZZI #21289

(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)



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DEC 20 2016

WITNESS LIST

16-166483

CASE NUMBER:

D/S P SCARTOZZI #21289

ARRESTING OFFICER: _____

ADDRESS: **DISTRICT 3**

PHONE NUMBERS (HOME): **561-688-3000** (WORK) **(561)688-4900**

CAN TESTIFY TO: **DUI INVESTIGATION**

NAME: **D/S HOLE**

ADDRESS: **3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33417**

PHONE NUMBERS (HOME) **561-688-3000** (WORK) **561-688-3000**

CAN TESTIFY TO: **INITAL STOPPING DEPUTY**

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

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DEC 20 2016

TESTING FACILITY TASK REPORT

AGENCY: PBSO-SCARTOZZI

SUBJECT: MAHLE-BAESZLER, FRANK W

CASE NUMBER: 16-166483

DATE: Dec 19, 2016

VIDEO DVD NUMBER: 61853

BEGINNING TIME: 0347

ENDING TIME: 0357

BREATH TESTS RESULTS: 1) .156 TIME 0351 A.M. P.M. 2) .154 TIME 0353 A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: J Biggs# 7607

MAINTENANCE TECHNICAN: D/S J Karklecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED, MUMBLING AT TIMES

ATTITUDE: SOME WHAT COOPERATIVE, SARCASTIC, UPSET

CLOTHING: BLACK JACKET OVER BLACK TANK TOP, BLUE JEANS

MEDICAL CONDITIONS: NONE

MEDICATIONS: NONE

OTHER:

EYES GLASSY, RED
ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE ON SUBJECT

COMMENTS:

THE ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0310
SUBJECT ADVSIED HE WOULD SUBMIT TO THE TEST
SUBJECT WAS GIVEN THE INSTRUCTIONS FOR THE TEST
SUBJECT COMPLETED BOTH SAMPLES SUCCESSFULLY
SUBMECT WAS GIVEN RESULTS FOR THE TEST
MIRANDA WAS READ AND UNDERSTOOD
SUBJECT REFUSED QUESTIONS

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DEC 20 2016

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

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SUSPECT'S SIGNATURE: (X) _____

READ ON CAMERA

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____

GLASS EYE? _____

FALSE TEETH? _____

EAR INFECTION? _____

INNER EAR TROUBLE? _____

DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

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DEC 20 2016

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



John Doe

ORGAN DONOR

Operation of a motor vehicle requires consent to any sobriety test required by law.

NOT A CERTIFICATE

SCANNED
DEC 20 2016

PALM BEACH COUNTY SHERIFF'S OFFICE

3228 GUN CLUB ROAD

WEST PALM BEACH, FL 33406-3001

 WRITTEN WARNING NOTICE OF ILLEGAL OR FAULTY EQUIPMENT

Date/Time: MONDAY 12/19/2016 02:50 AM

VIOLATOR

First Name: **FRANK** Middle: **WILLIAM**
Last: **MAHLE-BAESZLER** DOB: **03/15/1987**
Address: **156 GREENWICH CIR**
City: **JUPITER** State: **FL** Zip: **33458**
Telephone: **DL #:** **Race: W** Sex: **M** Hgt: **602**
Type: E DL State: **FL** Lic. Expires: **2023**
Diff. Addr. on DL: **N**

REGISTRATION

Yr. Veh: **2006** Veh. Tag: **EATI81**
Color: **SIL** Yr. Tag Expires: **17** State: **FL**
Make: **CADI** Style: **4D**

LOCATION

Upon a Public Street or Highway or Other Location Namely:
BURNS ROAD AND ALT A1A, PBG, FL

VIOLATION

Did unlawfully commit the following Offense
UNLAWFUL SPEED 60/45

NOTE: FOR EQUIPMENT VIOLATIONS PLEASE FOLLOW INSTRUCTIONS ON THE
FOOTER

THIS IS A WARNING ONLY
THIS IS NOT A CITATION AND NO FINE IS ASSESSED

I HEREBY ACKNOWLEDGE RECEIPT OF THIS WARNING AND UNDERSTAND THAT
THIS WARNING IS ISSUED IN LIEU OF A UNIFORM TRAFFIC CITATION.

SIGNATURE
OF DRIVER **X**

D/S: **HOLE** I.D.#: **18340**

CERTIFICATION OF CORRECTION

I CERTIFY THAT THE EQUIPMENT ON THE VEHICLE DESCRIBED HEREIN AS
INDICATED HAS BEEN TESTED AND, OR CORRECTED, AND UPON THIS DATE
COMPLIES WITH THE REQUIREMENTS OF THE TRAFFIC LAWS OF FLORIDA.

A.M.

DATE **20** HOURS **20**

P.M.

SIGNED **Party Making Correction**

Address: _____

IMPORTANT. This Notification With Proper Certification Above is To Be Mailed Or
Delivered To The Officer Indicated Within 48 Hours.

PALM BEACH COUNTY SHERIFF'S OFFICE
P.O. BOX 24681
WEST PALM BEACH, FL 33416-4681

**FAILURE TO COMPLY WITH THIS NOTICE COULD RESULT IN A NON-CRIMINAL
INFRACTION BEING ISSUED.**

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DEC 20 2016