

4000111

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

ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-083746</b>	
	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 <b>03</b>			
	Location of Arrest (Including Name of Business) <b>AVOCADO LANE / BALSAM DR PBG</b>				Location of Offense (Business Name, Address) <b>AVOCADO LANE / BALSAM DR PBG</b>			
	Date of Arrest <b>5/29/2017</b>	Time of Arrest <b>2222</b>	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle <b>ALL HOOKED UP TOWING</b>	
DEFENDANT	Name (Last, First, Middle) <b>STOELTING, JILL, RUTH</b>						Alias (Name, DOB, Soc. Sec. #, Etc.)	
	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>	Sex <b>F</b>	Date of Birth <b>4/14/1962</b>	Height <b>5'06</b>	Weight <b>135</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>NONE</b>	Religion <b>NONE</b>	Indication of: Alcohol Influence <input checked="" type="checkbox"/> Drug Influence <input type="checkbox"/>	
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>9342 ACRES WAY, LAKE PARK, FL, 33404</b>				Phone <b>(561) 215-1001</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>	
CO-DEF	Permanent Address (Street, Apt. Number) (City) (State) (Zip) <b>9342 ACRES WAY, LAKE PARK, FL, 33404</b>				Phone <b>(561) 215-1001</b>		Address Source <b>VERBAL</b>	
	Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>				Phone <b>( )</b>		Occupation <b>NONE</b>	
	D/L Number, State <b>S343-436-62-634-0, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>GROOSPORT, MICHIGAN</b>	
	Citizenship <b>US</b>							
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		
	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		
	Parent Legal Custodian Other: Name (Last) (First) (Middle) (City) (State) (Zip) Address (Street, Apt. Number)		Residence Phone ( ) ( ) ( )		Business Phone ( ) ( ) ( )			
	Notified by: (Name)		Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated			
CHARGE	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			
	Drug Activity N. N/A P. Possess S. Sell B. Buy R. Smuggle D. Deliver T. Traffic 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	Charge Description <b>DUI REFUSAL</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.1939</b>		Violation of ORD #	
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-083746</b>	Warrant / Capias Number		Bond	
	Charge Description <b>DUI CRASH WITH MINOR PROPERTY DAMAGE</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.193(3)(C)(1)</b>		Violation of ORD #	
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-083746</b>	Warrant / Capias Number		Bond	
CHARGE	Charge Description <b>BATTERY ON A LAW ENFORCEMENT OFFICER</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>784.07(2)(b)</b>		Violation of ORD #	
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-083746</b>	Warrant / Capias Number		Bond	
	Charge Description <b>COORUPTION BY THREAT LEO</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>838.021(3)(b)</b>		Violation of ORD #	
	Drug Activity <b>N</b>	Drug Type <b>N</b>	Amount / Unit	Offense # <b>17-083746</b>	Warrant / Capias Number		Bond	
NOTICE TO APPEAR	Location (Court, Room Number, Address) <b>NORTH COUNTY COURTHOUSE / 3188 PGA BLVD, PALM BEACH GARDENS, FL 33410</b>							
	Court Date and Time Month <b>JUNE</b> Day <b>21ST</b> Year <b>2017</b> Time <b>0830</b> AM <input checked="" type="checkbox"/> PM							
ADMIN	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: <input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Other:		Signature of Arresting Officer <b>[Signature]</b> Name of Arresting Officer (Print) <b>D/S P SCARTOLZI #21289</b> Transporting Officer <b>SAME</b>		Name Verification (Printed by Arrestee) <b>MAY 30 AM 1:37</b> (PRINT) <b>21289</b>		PAGE <b>2</b>	
	ID # <b>7941</b>		Pouch #		Witness here if subject signed with me <b>SCANNED</b>		OF 2	

		ARREST / NOTICE TO APPEAR		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1		Juvenile		N		
ADMINISTRATIVE	OBTS Number		Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number (N.T.A.'s only) <b>06-17-083746</b>							
	Charge Type: Check as many as apply: <input checked="" 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 1. Yes 2. No		Multiple Clearance Indicator <b>03</b>									
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	Race W - White I - American Indian B - Black O - Oriental/Asian <b>W</b>		Sex <b>F</b>	Date of Birth <b>4/14/1962</b>	Height <b>5'06</b>	Weight <b>135</b>	Eye Color <b>BLUE</b>	Hair Color <b>BLONDE</b>	Complexion <b>LIGHT</b>	Build <b>SLIM</b>				
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description) <b>NONE</b>				Marital Status <b>NONE</b>		Religion <b>NONE</b>		Indication of: Alcohol Influence Drug Influence <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.					
	Local Address (Street, Apt. Number) (City) (State) (Zip) <b>9342 ACRES WAY, LAKE PARK, FL, 33404</b>				Phone <b>(561) 215-1001</b>		Residence Type: 1. City 2. County 3. Florida 4. Out of State <b>2</b>							
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	Business Address (Name, Street) (City) (State) (Zip) <b>NONE</b>				Phone <b>( )</b>		Occupation <b>NONE</b>							
	D/L Number, State <b>S343-436-62-634-0, FL</b>		Soc. Sec. Number <b>[REDACTED]</b>		INS Number		Place of Birth (City, State) <b>GROOSPORT, MICHIGAN</b>		Citizenship <b>US</b>					
	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				
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	JUVENILE	<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:		Name (Last) (First) (Middle)		Residence Phone <b>( )</b>								
Address (Street, Apt. Number) (City) (State) (Zip)		Business Phone <b>( )</b>												
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Property Seized? <input type="checkbox"/> Yes <input type="checkbox"/> No		Description of Property		Value of Property										
Drug Activity N. N/A P. Possess		S. Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine		B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/Deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other		
Charge Description <b>LEAVING THE SCENE OF A CRASH</b>		Counts <b>1</b>	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number <b>316.061(1)</b>		Violation of ORD #								
Drug Activity <b>N</b>		Drug Type <b>N</b>	Amount / Unit <b>\$2500</b>	Offense # <b>17-083746</b>	Warrant / Capias Number		Bond							
CHARGE		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							
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Signature of Defendant (or Juvenile and Parent / Custodian) _____ Date Signed _____														
ADMIN	HOLD for other Agency Name		Signature of Arresting Officer <b>[Signature]</b> <b>21289</b>		Name Verification (Printed by Arrestee)									
	<input type="checkbox"/> Dangerous <input type="checkbox"/> Suicidal		Name of Arresting Officer (Print) <b>D/S P SCARTOZZI #21289</b>		I.D. # <b>21289</b>		(PRINT)							
	Intake Deputy		I.D. #	Pouch #	Transporting Officer <b>SAME</b>		ID #		Agency <b>PBSO</b>		Witness here if subject signed with an "X"			
	<b>SCANNED</b> <b>MAY 31 2017</b> <b>2</b> OF <b>2</b>													

OBTS Number		<b>PROBABLE CAUSE AFFIDAVIT</b>		1. Arrest 2. N.T.A.		3. Request for Warrant 4. Request for Capias		1	Juvenile	N	
ADMIN	Agency ORI Number <b>FLO 500000</b>		Agency Name <b>PALM BEACH COUNTY SHERIFF'S OFFICE</b>		Agency Report Number <b>06- 17-083746</b>						
	Charge Type: Check as many as apply: <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		Special Notes:				
DEF	Name (Last, First, Middle) <b>STOELTING, JILL, RUTH</b>				Alias		Race <b>W</b>	Sex <b>F</b>	Date of Birth <b>4/14/1962</b>		
	Charge Description <b>LEAVING THE SCENE OF A CRASH 316.061(1)</b>				Charge Description						
CHARGES	Charge Description				Charge Description						
	Charge Description				Charge Description						
VICTIM	Victim's Name (Last, First, Middle) <b>SCARTOZZI, PATRICK</b>				Race <b>W</b>		Sex <b>M</b>	Date of Birth <b>[REDACTED]</b>			
	Local Address (Street, Apt. Number) (City) (State) (zip) <b>3228 GUN CLUB ROAD, WEST PALM BEACH, FL, 33406</b>				Phone <b>[REDACTED]</b>		Address Source <b>/</b>				
ADMINISTRATIVE	Business Address (Name, Street) (City) (State) (zip) <b>/</b>				Phone <b>( ) /</b>		Occupation <b>/</b>				
	<p>The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.</p> <p>The Person taken into custody</p> <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> committed the below acts in my presence.  <input type="checkbox"/> confessed to _____              admitting to the below facts.         </div> <div> <input type="checkbox"/> was observed by _____ who told _____              that he/she saw the arrested person commit the below acts.  <input type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.         </div> </div> <p>On the <b>29TH</b> day of <b>MAY</b> 20 <b>17</b> at <b>2120</b> <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest.)</p>										
<p><b>I then transported Stoelting to the Palm Beach County Sheriff's office breath alcohol testing facility located at the main detention center located at the main detention facility. While en route to the BAT facility Stoelting became combative and began yelling and screaming in the back of the patrol vehicle. After arriving at the main jail Stoelting refused to exit the patrol vehicle, after speaking with her for a few moments she got out of the car and I took a hold of her arm in order to escort her to the BAT door. When I grabbed her she began screaming and yelling profanities in the sally port. She then leaned forward and kicked me in the left leg with her foot. I then continued to escort her to the BAT door, during which time she would continue to pull away from me screaming and yelling in the sally port. When I reached the door of the BAT Stoelting pulled away from me again, I had my laptop computer in one of my hands and was holding onto Stoelting with my other hand. I pulled her into the BAT door and that's when she fell to the floor and refused to get up, She continued to scream and yell and would not listen to what I was telling her. She was finally escorted into the main BAT room where she was observed for a period of twenty minutes during which time she did not take anything by mouth or regurgitate. After refusing to provide a breath sample Stoelting was placed in a cell with her handcuffs still on due to the fact that she was combative. During her time in the cell she would yell and scream profanities and kept telling me that "shes going to get me, she going to have her people come to my house and get me and get my family". I did not respond to her threats and she continued to yell, scream and bang her handcuffs on the glass of the cell door. She was later booked into the main jail without incident. Based on the above listed facts I have probable cause to charge Stoelting with Battery on a uniformed law enforcement officer and corruption by threat to a law enforcement officer.</b></p>											
<div style="display: flex; justify-content: space-between;"> <div> <p>STATE OF FLORIDA COUNTY OF PALM BEACH</p> <p><b>D/S P SCARTOZZI #21289</b></p> <p>(Signature of Arresting/Investigative Officer)</p> <p>The foregoing instrument was sworn to, affirmed and subscribed before me this <b>29th</b> day of <b>May</b>, 20 <b>17</b> by <b>D/S P SCARTOZZI #21289</b></p> <p>(Print name of Arresting/Investigative Officer), who is personally known to me and a duly commissioned peace officer, produces a Notary Public Seal of the State of Florida, Commission # <b>FF 998131</b>, Expires <b>07/08/2020</b></p> <p>Notary Public, Clerk of Court, Officer (F.S.S. 117.10)</p> </div> <div style="text-align: right;"> <p><b>SCANNED</b></p> <p><b>MAY 30 2017</b></p> <p>PAGE <b>1</b> OF <b>1</b></p> </div> </div>											

# D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 29TH DAY OF MAY 20 17, AT 2120 AM PM ☒

SUBJECT: STOELTING, JILL, RUTH CASE NUMBER: 17-083746

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 PBSO crash case number 17-083747\*\*\*

On 5/29/2017 at approximately 2157 hours I was dispatched to investigate a possible motor vehicle accident in the area of 9213 Balsam Drive, Lake Park, FL, 33404 in unincorporated Palm Beach County. I was driving my marked patrol vehicle asset number 68559 and wearing my Palm Beach County Sheriff's office issued class B uniform. Prior to my arrival I was provided with the following information. A person by the name of Keith Shanahan called 911 from 561-543-6625 to report there was a motor vehicle accident at the above listed location. The called advised that a white female in a blue dress ran her vehicle into some bushes and left the vehicle there. The called advised that the female appeared to be impaired and left the on foot westbound from the crash location. D/S Booras arrived on scene first and was able to locate the female involved in the crash. D/S Booras was able to get a sworn written statement which places the female in actual physical control of the motor vehicle at the time of the vehicle crash. D/S Booras advised that the person who saw the female crash and leave the scene was a male by the name of Zimet Malden. Malden has difficulty writing so he enlisted his friend Alexis Thomas to transcribe what he saw on a PBSO witness statement, after which both parties signed the statement acknowledging that Malden was the witness and Thomas was just transcribing what he saw.

## OBSERVATION OF DRIVER:

The witness statement was as follows "sitting on the porch white female in dress, I saw her get struck in between two trailer, saw her get out driver side she was alone she went to get help from the neighbor saw her go back to car found her in bush, tried to help her get car from under rock then police showed up". Upon my arrival I noticed a tan in color Mercury sedan bearing Florida license plate number 895-NHM parked on the south side of Avocado Lane just west of the intersection of Balsam Drive. The vehicle's front drivers side bumper was stopped on a large rock that was just off the roadway in a private yard. There were several gouge marks on the roadway which indicated that after the vehicle left the roadway and stuck the rock the driver attempted to back up and move forward to get the vehicle unstuck from the rock. The gravel portion of the private driveway was disturbed and the dirt from underneath the vehicle was kicked up and thrown all around the roadway. The driver of the vehicle then left on foot, at no time did the driver of this motor vehicle attempt to contact the owner of the property she just damaged, at no time did the driver of this motor vehicle get on her cell phone which was found in working order in her vehicle and contact law enforcement as per the statute states.

## DRIVER'S STATEMENTS:

After examining the vehicle crash scene and speaking with D/S Booras I went to make contact with the driver of the vehicle. I drove my marked patrol vehicle around the street and came up Balsam Drive from the south. I then parked my patrol vehicle at the intersection of Balsam Drive and Avocado Drive. I chose a smooth level portion of the as fault roadway, free of debris and obstructions in order to perform roadside tasks. When I arrived I was flagged down by another Deputy on the scene that was sitting with the suspect, later identified via the use of DAVID as Jill Stoelting. Stoelting was leaning up against the trunk of her vehicle, I approached the scene after activating my dash camera and while I was approaching I could see signs of impairment in Stoelting. She was having difficulty standing and was leaning on the truck of her car, however she would lean over to her right side as if she was going to fall down so the Deputy held on to her so she would not hurt herself. I noticed that Stoelting had minor scratches on her arms and legs and there was two band-aides on her knees that appeared to be bleeding slightly.

## ODORS:

Stoelting was wearing a blue and white type dress, the dress appeared to be dirty and kept falling down. I then asked Stoelting several general questions.

## GENERAL OBSERVATIONS

SPEECH: Slow, Thick, Slurred, Difficult to understand

ATTITUDE: uncooperative, argumentative, combative.

CLOTHING: Green and white dress

MEDICAL/OTHER: The driver denied any medical conditions, physical disabilities, injuries and medication use and or use of recreational drugs.

STATE OF FLORIDA  
COUNTY OF PALM BEACH

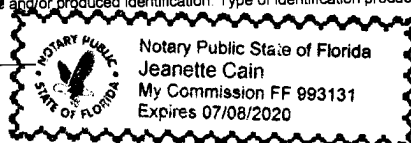
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 29th day of May 20 17 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)



SCANNED  
MAY 30 2017

SUBJECT: STOELTING, JILL, RUTHCASE NUMBER 17-083746

## 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:

Immediately upon making contact with Stoelting I could smell the very strong odor of an unknown alcoholic beverage emitting from her mouth area, this odor intensified as she spoke to me, her eyes were blood shot and watery. Her manual dexterity was slow, her movement were very lethargic.

## WALK &amp; TURN:

I then asked Stoelting to stand up, when she did so she almost fell over, While standing she would sway roughly in a side to side back to front manner. When I asked her to walk to the front of my patrol vehicle she was stumble and almost fell over several times. I asked her to stand in front of my patrol vehicle with her heel and toes together with her arms at her sides. I demonstrated how to stand and she would immediately move out of stance and walk around the roadway, I took several moments for me to get Stoelting to focus and pay attention to me. She kept stating over and over again that she wanted me to take her to jail, she did not want to cooperate she wanted to go to jail. I advised Stoelting of her Taylor warnings, which lets Stoelting know that if she refuses to perform roadside tasks that can be used against her in a court of law. She advised she understood and said she would cooperate with my investigation. I asked her again to stand with her

## ONE LEG STAND:

heels and toes together with her arms at her sides. While standing in this position she would sway in a side to side back to front manner, she would step out of stance and almost fall over several times. I placed my lighted stylus pen approximately 12 inches away from her face just above the eye brow line. I then asked her if she could see the light at the end of my pen and she advised yes, I then asked her if she could identify the color of the light at the end of my pen and she responded "red" which was correct. I then attempted to to give her the following instructions, when I tell you to go I want you to raise your right index finger and touch the tip of the red pen so she would properly understand the point to be tracked. I then demonstrated how to properly perform this task, and asked her if she understood. Before she answered me she raised her right index finger and attempted to touch the red light however I did not instruct her to go yet. She brought her right index finger up to the light however she did not come near the pen like she was instructed.

## FINGER TO NOSE:

I then asked her to stand with her heels and toes together with her arms at her sides. While standing here she would sway roughly in a side to side back to front manner. She would almost fall over and she would step out of the stance. During the horizontal gaze Nystagmus (HGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct and sustained Nystagmus at maximum deviation and distinct and sustained Nystagmus prior to 45 degrees. During the Vertical gaze Nystagmus (VGN) task the drivers eyes displayed equal pupil size and equal tracking. The driver's eyes displayed lack of smooth pursuit, distinct Nystagmus when looking all the way up / all the way down. The driver's eyes also displayed onset of Nystagmus prior to 45 degrees when looking all the way up / all the way down.

## ROMBERG ALPHABET:

I attempted to move to the walk and turn task however she would not stand in the proper stance and kept walking away and saying she wanted me to arrest her, and she just wanted to go to jail. Based on the totality of the circumstances she was placed under arrest for operating a motor vehicle while under the influence of alcohol and or a controlled substance. She was placed in PBSO issued handcuffs which were checked for proper fit and double locked. She was then seat-belted in the rear of my marked patrol vehicle.

BREATH TEST RESULTS: 

1) Refused	2) Refused	3)	4)
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STATE OF FLORIDA  
COUNTY OF PALM BEACH

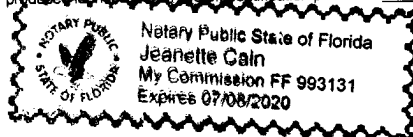
D/S P SCARTOZZI #21289

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to, affirmed and subscribed before me this 29th day of May, 2017 by D/S P SCARTOZZI #21289

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

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

SCANNED  
MAY 30 2017

# WITNESS LIST

CASE NUMBER: **17-083746**

**D/S P SCARTOZZI #21289**

ARRESTING OFFICER: \_\_\_\_\_

ADDRESS: **3228 Gun Club Road, West Palm Beach, FL, 33406**

PHONE NUMBERS (HOME): \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: **DUI INVESTIGATION**

NAME: **ZIMET MLADEN**

ADDRESS: **9213 MATSO DRIVE, LAKE PARK, FL, 33404**

PHONE NUMBERS (HOME) **561-480-7907** (WORK) \_\_\_\_\_

CAN TESTIFY TO: **WHEEL WITNESS**

NAME: **ALEXIS THOMAS**

ADDRESS **348 WEST 37TH STREET APARTMENT 2, RIVIERA BEACH, FL, 33404**

PHONE NUMBERS (HOME) **561-294-7228** (WORK) \_\_\_\_\_

CAN TESTIFY TO: **TRANPOSED ZIMET MLADEN STAEMENT ONTO SWORN STATEMENT**

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 \_\_\_\_\_

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NAME: \_\_\_\_\_

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NAME: \_\_\_\_\_

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PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBERS (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

CAN TESTIFY TO: \_\_\_\_\_

**SCANNED**

**MAY 30 2017**

# TESTING FACILITY TASK REPORT

4

AGENCY: PBSO

SUBJECT: STOELTING, JILL RUTH CASE NUMBER: 17-083746

DATE: MAY 29th, 2017 VIDEO TAPE NUMBER: 62716

BEGINNING TIME: 23:14 hrs. ENDING TIME: 23:18 hrs.

BREATH TESTS RESULTS: **REFUSED** TIME 23:17 A.M./P.M. (P.M.) 2) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

3) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M. 4) \_\_\_\_\_ TIME \_\_\_\_\_ A.M./P.M.

BREATH OPERATOR: J. CAIN #2109

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

## TESTING OFFICER'S OBSERVATIONS

SPEECH: \_\_\_\_\_

ATTITUDE: \_\_\_\_\_

CLOTHING: \_\_\_\_\_

MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

20MIN. OBSERV DONE BY ARRESTING DS

Said son to left she stated she wasn't drinking.

DS read the implied consent to A.  
A said she didn't understand; DS broke down I/C  
but A played around saying she would give a breath test  
to anyone at her house but not at her work.  
DS accepted refusal.

Back ready A wanted answer. DS did not ask but  
DS H. she quit talking.

When in holding cell she was talking to herself and times yelled  
out loud.

SCANNED

MAY 29 2017

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GO

SUBJECT: STOELTING, JILL KAREN RUTH

CASE NUMBER: 17-083746

## 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

**REFUSED**

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) READ ON CAMERA

## 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.

**SCANNED**

**MAY 30 2017**

SUSPECT'S SIGNATURE: (X) READ ON CAMERA

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



SUBJECT: STOELTING, JILL RUTH CASE NUMBER: 17-083746

## 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? \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL

REFUSED

SCANNED  
MAY 30 2017

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

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


☒ WITNESS   ☐ VICTIM   ☐ OTHER

CASE #:	ZONE: <b>3-13</b>	SUSPECT: <b>JILL STOELTING</b>	DATE & TIME OF ORIGINAL EVENT/OFFENSE: <b>5-29-2017</b>
EVENT TYPE: <b>DUI CRASH</b>	DEPUTY: <b>SCARTOZZI</b>	ID#:	<b>21289</b>

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <b>Mladen</b>	FIRST NAME: <b>Zimet</b>	MIDDLE INITIAL: <b>D</b>	RACE: <b>W</b>	SEX: <b>M</b>
DATE OF BIRTH: <b>9/12/79</b> (MM/DD/YYYY)	YOUR HEIGHT: <b>5'9</b>	YOUR WEIGHT: <b>170</b>	YOUR HAIR COLOR: <b>Brown</b>	YOUR EYE COLOR: <b>Blue</b>
YOUR HOME ADDRESS: <b>9213 Matso Dr.</b>	<input type="checkbox"/> CHECK IF HOMELESS	CITY: <b>LP</b>	STATE:	ZIP:
YOUR WORK NAME & ADDRESS:	<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED	CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE <b>(561) 480-7907</b>	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL:	<input type="checkbox"/> CHECK IF NONE

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

YOUR NAME: <b>Zimet Mladen</b>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p><del>Saw</del> Sitting on porch white female in Dress, I saw her get stuck in between two trailer, saw her get out driver side she was alone she went to get help from neighbors saw her go back to car found her in bush, tried to help her get car from under rock then police showed up</p> <p>-transcribed by Alexis L. Thomas</p> <p><i>Zimet</i></p>	
PAGE <b>1</b> OF <b>1</b>	

## READ AND SIGN

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

YOUR SIGNATURE: **X Zimet Mladen**

☒ DEPUTY SHERIFF   ☐ NOTARY PUBLIC   FSS: 117.10  
SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: **5/29/17**   TIME: **2215 HRS**  
SIGNATURE: *[Signature]*   ID: **27524**

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

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)  
WHITE - RECORDS COPY   CANARY - STATE ATTORNEY COPY   PINK - OFFICER'S COPY   GOLD - WITNESS / VICTIM COPY

PALM BEACH COUNTY SHERIFF'S OFFICE – **SWORN STATEMENT**

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


☒ WITNESS   ☐ VICTIM   ☐ OTHER

CASE #:	ZONE: <b>3-13</b>	SUSPECT: <b>JILL STOELTING</b>	DATE & TIME OF ORIGINAL EVENT/OFFENSE: <b>5-29-2017</b>
EVENT TYPE: <b>DUI CRASH</b>	DEPUTY: <b>SCARTUZZI</b>		ID#: <b>21289</b>

## COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME: <b>Mladen</b>		FIRST NAME: <b>Zimet</b>		MIDDLE INITIAL: <b>D</b>	RACE: <b>w</b>	SEX: <b>M</b>
DATE OF BIRTH: (MM/DD/YYYY) <b>9/12/79</b>		YOUR HEIGHT: <b>5'9</b>	YOUR WEIGHT: <b>170</b>	YOUR HAIR COLOR: <b>Brown</b>		YOUR EYE COLOR: <b>Blue</b>
YOUR HOME ADDRESS: <b>9213 Matso Dr.</b>		<input type="checkbox"/> CHECK IF HOMELESS		CITY: <b>LP</b>	STATE:	ZIP:
YOUR WORK NAME & ADDRESS:		<input type="checkbox"/> CHECK IF UNEMPLOYED OR RETIRED		CITY:	STATE:	ZIP:
WORK PHONE: <input type="checkbox"/> CHECK IF NONE	CELL PHONE: <input type="checkbox"/> CHECK IF NONE	HOME PHONE: <input type="checkbox"/> CHECK IF NONE	EMAIL: <input type="checkbox"/> CHECK IF NONE			
( )	<b>(561) 480-7907</b>	( )				

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

YOUR NAME: <b>Zimet Mladen</b>	DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...
<p><del>Saw</del> Sitting on porch white female in Dress, I saw her get stuck in between two trailer, saw her get out driver side she was alone she went to get help from neighbors saw her go back to car fanned her in bush, tried to help her get car from under rock then police showed up</p> <p>-transcribed by Alexis L. Thomas</p> <p><i>Zimet</i></p>	
PAGE <b>1</b> OF <b>1</b>	

## READ AND SIGN

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

YOUR SIGNATURE: **X Zimet Mladen**

☒ DEPUTY SHERIFF   ☐ NOTARY PUBLIC   FSS: 117.10  
 SWORN TO AND SUBSCRIBED BEFORE ME TODAY:  
 DATE: **5/29/17**   TIME: **2215 HRS**   ID: **27324**  
 SIGNATURE: *[Signature]*

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

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

SCANNED  
MAY 30 2017



## STATE OF FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Time printed: 5/29/2017 10:34:16 PM

## Record Detail

<b>Customer Name:</b> JILL RUTH STOELTING	<b>Driver License Status:</b> Valid	
<b>DL/ID:</b> S343-436-62-634-0	<b>SSN:</b> [REDACTED]	<b>Class:</b> E
<b>Previous DUI:</b> 0 <i>This count reflects total DUI convictions on record.</i>	<b>Previous DWLS:</b> 0 <i>This count reflects total DWLS convictions on record.</i>	

  ORGAN DONOR SAFE DRIVER REAL ID COMPLIANT	<b>Address:</b> 9342 ACRES WAY LAKE PARK, FL 33404	<b>Date of Birth:</b> 04/14/1962	<b>Gender:</b> FEMALE	<b>Height:</b> 5' 3"	<b>EIN:</b> 0100238068810291
	<b>Original License Issue Date:</b> 09/09/1982	<b>Issued:</b> 04/09/2010	<b>Expires:</b> 04/14/2018	<b>Replaced:</b> 03/21/2011	
	<b>CDL Status:</b>				
	<b>Form Number:</b> P711103210028				
	<b>Citizen Status:</b> US CITIZEN	<b>Country of Birth:</b> US OF AMERICA	<b>State of Birth:</b> MICHIGAN		
	<b>Race:</b> CAUCASIAN				

<b>Restrictions:</b> A - CORRECTIVE LENSES	<b>Endorsements:</b>	<b>Conditional Messages:</b>
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SCANNED

MAY 30 2017

MAY 30 2000