0374935 1203 19CT1182ASB

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

OBTS Number | 1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias | 1 | Juvenile | N

ADMINISTRATIVE

Agency ORI Number: FLO 500000 | Agency Name: PALM BEACH COUNTY SHERIFF'S OFFICE | Agency Report Number (N.T.A.'s only): 06- 19025246

Charge Type: Check as many as apply. ☐ 1. Felony ☐ 2. Traffic Felony ☐ 3. Misdemeanor ☒ 4. Traffic Misdemeanor ☐ 5. Ordinance ☐ 6. Other | Weapon Seized / Type: 2 | 1. Yes 2. No N/A | Multiple Clearance Indicator: 1

Location of Arrest (Including Name of Business): S CONGRESS AVE/ DONNELLY DR BOYNTON BEACH, FL, 33462 | Location of Offense (Business Name, Address): S CONGRESS AVE/ DONNELLY DR BOYNTON BEACH ,FL, 33462

Date of Arrest	Time of Arrest	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle
01/13/2019	03:25					

DEFENDANT

Name (Last, First, Middle): HEINEN MAXIMILIAN GERHARD | Alias (Name, DOB, Soc. Sec. #, Etc.)

Race (W - White I - American Indian B - Black 0- Oriental/Asian)	Sex	Date of Birth	Height	Weight	Eye Color	Hair Color	Complexion	Build
W	M	4/26/1986	6'2	235	BRN	BRN	MED	MED

Scars, Marks, Tatoos, Unique Physical Features (Location, Type, Description): MULTIPLE TATTOOS | Marital Status: Single | Religion: CATHOLIC | Indication of: Alcohol Influence Y ☒ N ☐ Unk. ☐ | Drug Influence Y ☒ N ☐ Unk. ☐

Local Address (Street, Apt. Number) (City) (State) (Zip): 7616 FOREST GREEN LN BOYNTON BEACH, FL, 33436 | Phone: (313) 549-5596 | Residence Type: 1. City 2. County 3. Florida 4. Out of State: 2

Permanent Address (Street, Apt. Number) (City) (State) (Zip): , | Phone: ( ) | Address Source: DEFENDENT

Business Address (Name, Street) (City) (State) (Zip): | Phone: ( ) | Occupation: BAR TENDER

DL Number, State	Soc. Sec. Number	INS Number	Place of Birth (City, State)	Citizenship
H550547861460	[redacted]		DETROIT, MI	YES

CO-DEF

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

Co-Defendant Name (Last, First, Middle) | Race | Sex | Date of Birth | ☐ 1. Arrested ☐ 2. At Large | ☐ 3. Felony ☐ 4. Misdemeanor ☐ 5. Juvenile

JUVENILE

☐ Parent ☐ Legal Custodian ☐ Other: | Residence Phone ( )

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 ☐ defendant and / or ☐ 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. ☐ Yes, by: (Name) ☐ No: (Reason) | School Attended | Grade

Property Crime? ☐ Yes ☐ No | Description of Property | Value of Property

CODE

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

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
DUI	1	☐Y ☒N	316.193(3C1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant I Capias Number	Bond
N	N	N/A	19025246		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
REFUSAL TO SUBMIT TO TESTING	1	☐Y ☒N	316.1939(1)	

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond
N	N	N/A	19025246		

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

CHARGE

Charge Description	Counts	Domestic Violence	Statute Violation Number	Violation of ORD #
		☐Y ☐N		

Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number	Bond

NOTICE TO APPEAR

Location (Court, Room Number, Address)
3228 GUN CLUB RD WEST PALM BEACH FL 33406

Court Date and Time
Month 2 Day 7 Year 2019 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

Signature of Defendant (or Juvenile and Parent /Custodian) | Date Signed: 01/13/2019

ADMIN

HOLD for other Agency Name: | Signature of Arresting Officer: X | Name Verification (Printed by Arrestee) (PRINT): JAN 13 AM 7:04

☐ Dangerous ☐ Resisted Arrest ☐ Suicidal ☐ Other:

Name of Arresting Officer (Print)	I.D. #
INV. G. LYNCH 8568	8568

Initial Deputy: TPI Rowland 7206 | I.D. # | Pouch #

Transporting Officer	ID #	Agency
INV. G. LYNCH 8568	8568	PBSO

Witness here if subject signed with an X:

PAGE 1 OF 1

DISTRIBUTION: WHITE - COURT COPY GREEN - STATE ATTORNEY YELLOW - AGENCY PINK - AGENCY GOLD - DEFENDANT (N.T.A. ONLY)

PBSO 6148 REV. 6/97

NOT A CERTIFIED COPY

2019 JAN 17 AM 7:27 PALM BEACH COUNTY FL CLERK OF COURT

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 13 DAY OF JAN 20 19, AT 02:33 ✓ AM PM

SUBJECT: HEINEN MAXIMILIAN GERHARD CASE NUMBER: 19025246

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: INV. G. LYNCH 8568

PERSONAL CONTACT

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

On 1/13/18 I responded to S Congress Ave/ Donnelly Dr, in Palm Beach County, in reference to a vehicle crash with a possibly impaired driver. Upon arrival I met with Inv. White who was conducting the crash investigation.

Inv. White advised that V1 was traveling west on Donnelly Dr. approaching S Congress Ave. V2 was traveling west on Lake Cascade Blvd. V1 and V2 entered the intersection on a green light. V2 continued straight as V1 attempted to make a left turn. V1 failed to yield the right of way and pulled in front of V2 causing the crash. The driver of V2, Daniel Vasquez, positively identified the driver of V1, Maximilian Heinen.

OBSERVATION OF DRIVER:

I observed Heinen, who was standing on the sidewalk. Heinen appeared to have a slight sway while standing still. Due to it starting to rain I ask Heinen to go under the nearby overhang at 3061 Donnelly Dr, to which he agreed without issue. I advised Heinen that the crash investigation was complete and I was going to conduct a criminal DUI investigation. I read Heinen Miranda warnings, which he advised he understood. While reading Miranda warnings Heinen stated that he wanted to invoke his 5th amendment. Post Miranda Heinen immediately asked to tell his family that he was going to jail, and I advised him he was not under arrest. Heinen advised that he was traveling west attempting to make a left turn. Heinen advised that V2 was traveling north attempting to make a right turn and ran into the side of his vehicle. Based on Heinen's account of the crash he appeared to be confused as the described actions of the vehicles would not cause a crash. Heinen advised that he was shaken up from the airbag deploying but he did not need EMS or treatment at the hospital. I could smell the odor of an unknown alcoholic beverage coming from Heinen's breath, which got stronger when he spoke. Heinen's eyes were bloodshot and glassy. Heinen advised that he does take Xanax, for PTSD, but advised that he had not been drinking. Based on my observations I asked Heinen to perform standard field sobriety tasks, which he refused, and Heinen stated to take his license for a year. I advised Heinen of Taylor warnings, which he advised he understood. I gave Heinen a second opportunity to perform standard field sobriety tasks, which he refused again.

DRIVER'S STATEMENTS:

"You can take my license for a year"

ODORS:

ODOR OF AN UNKNOWN ALCOHOLIC BEVERAGE COMING FROM SUBJECT'S BREATH.

GENERAL OBSERVATIONS

SPEECH: **slurred**

ATTITUDE: **calm/ coperative**

CLOTHING:

MEDICAL/OTHER:

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of JAN 20 19 by INV. G. LYNCH 8568

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Ass

NOT A CERTIFIED COPY

SUBJECT HEINEN MAXIMILIAN CASE NUMBER 19025246

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- ☐ LT EYE-LACK OF SMOOTH PURSUIT
- ☐ RT EYE-LACK OF SMOOTH PURSUIT
- ☐ LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION
- ☐ LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES
- ☐ RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES

Other Observations:

REFUSED

WALK & TURN:
REFUSED

ONE LEG STAND:
REFUSED

FINGER TO NOSE:
REFUSED

ROMBERG ALPHABET:
REFUSED

NOT A CERTIFIED COPY

BREATH TEST RESULTS: 1) REFUSED | 2) REFUSED | 3) | 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

INV. G. LYNCH 8568
(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 13 day of JAN 20 19 by INV. G. LYNCH 8568

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

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

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn.

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 #: 19-025246	ZONE: 6-11	SUSPECT: Maximiliano Heinen	DATE & TIME OF ORIGINAL EVENT/OFFENSE: 1/13/19 02:33
EVENT TYPE: DUI		DEPUTY: Ben Lynch	ID#: 8568

COMPLETE EVERYTHING BELOW – PRINT LEGIBLY

LAST NAME:	FIRST NAME:	MIDDLE INITIAL:	RACE:	SEX:
Vasquez	Daniel	A	H	M

DATE OF BIRTH: (MM/DD/YYYY)	YOUR HEIGHT:	YOUR WEIGHT:	YOUR HAIR COLOR:	YOUR EYE COLOR:
11-27-01	5'10	200	Brown	Brown

YOUR HOME ADDRESS: ☐ CHECK IF HOMELESS	CITY:	STATE:	ZIP:
1405 highridge ld	lake worth	FL	33461
YOUR WORK NAME & ADDRESS: ☐ CHECK IF UNEMPLOYED OR RETIRED	**CITY:**	**STATE:**	**ZIP:**

WORK PHONE: ☐ CHECK IF NONE	CELL PHONE: ☐ CHECK IF NONE	HOME PHONE: ☐ CHECK IF NONE	EMAIL: ☐ CHECK IF NONE
( )	(561) 507-7571	( )	dan.d.vasquez1107@gmail.co

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

I YOUR NAME: Daniel Vasquez — DO HEREBY VOLUNTARILY MAKE THE FOLLOWING STATEMENT WITHOUT THREAT, COERCION, OFFER OF BENEFIT, OR FAVOR BY ANY PERSONS WHOMSOEVER...

I Was At a red light and my light turned green so I started to move foward and this car came At me Fast and hit me on My door. And when I looked I seen the guy He was in the car He got off and seemed to be A little drunk.

PAGE 1 OF 1

READ AND SIGN

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

YOUR SIGNATURE: X Daniel

☐ DEPUTY SHERIFF ☐ NOTARY PUBLIC FSS: 117.10

SWORN TO AND SUBSCRIBED BEFORE ME TODAY:

DATE: 1/13/19 TIME: 02:05

SIGNATURE: _____ ID: 8568

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

(PROSECUTION WAIVER NOT TO BE USED FOR CASES INVOLVING DOMESTIC OR DATING VIOLENCE PER G.O. 508.00)

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

PBSO #0134 REV. 12/11

NOT A CERTIFIED COPY

STATE OF FLORIDA
DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
AFFIDAVIT OF REFUSAL TO SUBMIT TO
BREATH AND/OR URINE TEST

I, INV. G. LYNCH 8568 , a duly certified Law Enforcement Officer or Correctional Officer,
(Name of Officer reading Implied Consent Warning)

am a member of PALM BEACH COUNTY SHERIFFS OFFICE , and I do swear
(Name of law enforcement agency)

or affirm that on or about the 13 day of JAN , 20 19 , at 03:25 ☐ P.M ☒ A.M.

DRIVER MAXIMILIAN GERHARD HEINEN ,
(Type or Print) FIRST NAME MIDDLE OR MAIDEN NAME LAST NAME

DL# H550547861460 , state of FL , was placed under lawful arrest for

the offense of DUI by INV. G. LYNCH 8568 and
(Name of Arresting Officer)

issued Citation # A2G40UP .

That on or about the 13 day of JAN , 20 19 , at 04:03 ☐ P.M ☒ A.M.

in PALM BEACH County,

I requested that the driver submit to a ☒**breath and/or** ☐**urine** test to determine his or her blood alcohol level and/or the presence of chemical or controlled substances. I informed the driver that the refusal to submit to such test(s) would result in the suspension of his or her driving privilege for a period of one (1) year for a first refusal, or for a period of eighteen (18) months if his or her driving privilege had been previously suspended for refusing to submit to a breath, urine or blood test. I also informed the driver that he or she commits a misdemeanor by refusing to submit to a lawful test as requested above if his or her driving privilege has been previously suspended for refusal to submit to a lawful test of his or her breath, urine, or blood. Additionally, I informed the driver that if he or she holds a CDL, or was operating a CMV, refusal will result in the disqualification of the Commercial Driver's License/driving privilege for a period of one (1) year in the case of a first refusal or permanently if he or she has previously been disqualified as a result of a refusal to submit to any such lawful test. Nonetheless, the driver refused to submit to the test(s) requested.

Signature of Law Enforcement Officer or
Correctional Officer

IF AN AFFIDAVIT MUST BE NOTARIZED OR ATTESTED TO (F.S. 117.10)

KERIANE MARIE MOYNIHAN
Notary Public - State of Florida
Commission # GG 036116
My Comm. Expires Oct 5, 2020
Bonded through National Notary Assn.

(AFFIX SEAL)

The foregoing instrument was sworn and subscribed before
me this 13 day of JAN , 20 19 ,
by INV. G. LYNCH 8568 ,
who is personally known to me or who has produced
KNOWN as identification

Notary Public Keriane M Moynihan

The foregoing instrument was sworn and subscribed before me:

Signature of Attesting Officer

Title

Date

Note: Mail or hand deliver to the designated Bureau of Administrative Reviews office, Department of Highway Safety and Motor Vehicles, with the driver's license, the appropriate copy of the UTC, and the probable cause affidavit.

HSMV-BAR1001 (REV. 10/2016)

NOT A CERTIFIED COPY

WITNESS LIST

CASE NUMBER: 19025246

ARRESTING OFFICER: INV. G. LYNCH 8568

ADDRESS: HQ

PHONE NUMBERS (HOME): _____ (WORK) 561 688 3000

CAN TESTIFY TO: FACTS OF CASE

NAME: INV. WHITE 7209

ADDRESS: HQ

PHONE NUMBERS (HOME) _____ (WORK) 561 688 3000

CAN TESTIFY TO: CRASH INVESTIGATION

NAME: DANIEL VASQUEZ

ADDRESS 1905 HIGHRIDGE RD, LAKE WORTH, FL, 33461

PHONE NUMBERS (HOME) 561 507 7571 (WORK) _____

CAN TESTIFY TO: IDENTIFY DRIVER

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 (WORK) 0

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: _____

NOT A CERTIFIED COPY

TESTING FACILITY TASK REPORT

AGENCY: PBSO

SUBJECT: Hemer, Maximilian G CASE NUMBER: A-0252416

DATE: 01/13/11 VIDEO TAPE NUMBER: N/A

BEGINNING TIME: 04:02 ENDING TIME: 04:05

BREATH TESTS RESULTS: 1) R TIME 04:03 (A.M.) P.M. 2) N/A TIME — A.M./P.M.

3) N/A TIME — A.M./P.M. 4) N/A TIME — A.M./P.M.

BREATH OPERATOR: K. Mayhew #3007

MAINTENANCE TECHNICIAN: J. Kovacic #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Non Cooperative, Responsive, Loudly, Cooperative.

CLOTHING: Blue shirt, White long sleeve, Blue/Brown shirt, Black boots

MEDICAL CONDITIONS: None.

MEDICATIONS: Xanax, Ritalin

OTHER: Eyes Glassy and bloodshot.

COMMENTS: Arrived at Testing Center, Ms began 90 minute Observation Period at 03:40 hrs.

REFUSED

D refused to take Test

No read T/C, D stated he understood T/C. and again Refused to take test.

No read Rights

D stated he understood his Rights

No Oath, D waived Rights

REFUSED

NOT A CERTIFIED COPY

WHITE - STATE ATTY. YELLOW - DHSMV PINK - CENTRAL RECORDS GOLD - JAIL

SUBJECT: Heiden Maximillian G CASE NUMBER: 14-025346

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) 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.

SUSPECT'S SIGNATURE: (X) Read on Camera

NOT A CERTIFIED COPY

SUBJECT: Heinen, Maximilian G CASE NUMBER: 19-0252416

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: _____

NOT A CERTIFIED COPY

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)
L/E Exemptions	☐	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	☐	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	☐	119.071(4)(c)	Undercover personnel.	
	☐	119.071(2)(f)	Confidential informants (CIs).	
	☐	119.071(2)(e)	Confession.	
Public Info. Exemptions	☐	985.04(1)	Juvenile offender records.	
	☐	119.071(h)(i)	Assets of a crime victim.	
	☐	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	☐	394.4615(7)	Mental health information.	
	☐	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)	☒	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	☐	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	☐	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	☐	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	☐			
	☐			
	☐			
	☐			
	☐			
Other	☐		Other:	
	☐		Other:	

NOT A CERTIFIED COPY

REVIEW COMPLETED BY

Booking Number: 2019001508	**Date:** 01/14/2019
	Specialist Name/ID: AM/31562